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ORIGINAL PAPERS

NEGATION

BY

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The manner in which our patients bring forward their associations during the work of analysis gives us an opportunity for making some interesting observations. ' Now you'll think I mean to say something insulting, but really I've no such intention.' We see at once that this is a repudiation, by means of projection, of an association that has just emerged. Or again : ' You ask who this person in the dream can have been. It was *not* my mother '. We emend this : so it was his mother. In our interpretation we take the liberty of disregarding the negation and of simply picking out the subject-matter of the association. It is just as though the patient had said : ' It is true that I thought of my mother in connection with this person, but I don't feel at all inclined to allow the association to count '.

There is a most convenient method by which one can sometimes obtain a necessary light upon a piece of unconscious and repressed material. ' What ', one asks, ' would you consider was about the most unlikely thing in the world in that situation ? What do you think was furthest from your mind at the time ? ' If the patient falls into the trap and names what he thinks most incredible, he almost invariably in so doing makes the correct admission. A nice counterpart of this experiment is often met with in obsessional neurotics who have been initiated into the meaning of their symptoms. ' A new obsessive idea came over me ; and it immediately occurred to me that it might mean so and so. But of course that can't be true, or it couldn't have occurred

to me.' The explanation of the new obsessive idea, which he rejects in this way upon grounds picked up from the treatment, is of course the right one.

Thus the subject-matter of a repressed image or thought can make its way into consciousness on condition that it is *denied*. Negation is a way of taking account of what is repressed; indeed, it is actually a removal of the repression, though not, of course, an acceptance of what is repressed. It is to be seen how the intellectual function is here distinct from the affective process. Negation only assists in undoing *one* of the consequences of repression—namely, the fact that the subject-matter of the image in question is unable to enter consciousness. The result is a kind of intellectual acceptance of what is repressed, though in all essentials the repression persists.[1] In the course of analytic work we often bring about a further very important and somewhat bewildering change in the same situation. We succeed in also defeating the negation and in establishing a complete intellectual acceptance of what is repressed—but the repression itself is still not removed.

Since it is the business of the function of intellectual judgement to affirm or deny the subject-matter of thoughts, we have been led by the foregoing remarks to the psychological origin of that function. To deny something in one's judgement is at bottom the same thing as to say: 'That is something that I would rather repress'. A negative judgement is the intellectual substitute for repression; the 'No' in which it is expressed is the hall-mark of repression, a certificate of origin, as it were, like 'Made in Germany'. By the help of the symbol of negation, the thinking-process frees itself from the limitations of repression and enriches itself with the subject-matter without which it could not work efficiently.

The function of judgement is concerned ultimately with two sorts of decision. It may assert or deny that a thing has a particular property; or it may affirm or dispute that a particular image (*Vorstellung*) exists in reality. Originally the property to be decided about might be either good or bad, useful or harmful. Expressed in the language of the

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[1] The same process is at the root of the familiar superstition that boasting is dangerous. 'How lovely that I've not had one of my headaches for such a long time!' But this is in fact the first announcement of a new attack, of whose approach the patient is already aware, though he is as yet unwilling to believe it.

oldest, that is, of the oral, instinctual impulses, the alternative runs thus: 'I should like to eat that, or I should like to spit it out'; or, carried a stage further: 'I should like to take this into me and keep that out of me'. That is to say: it is to be either *inside me* or *outside me*. As I have shown elsewhere, the original pleasure-ego tries to introject into itself everything that is good and to reject from itself everything that is bad. From its point of view what is bad, what is alien to the ego, and what is external are, to begin with, identical.[2]

The other sort of decision made by the function of judgement, namely, as to the real existence of something imagined, is a concern of the final reality-ego, which develops out of the previous pleasure-ego (a concern, that is, of the faculty that tests the reality of things). It is now no longer a question of whether something preceived (a thing) shall be taken into the ego or not, but of whether something which is present in the ego as an image can also be re-discovered in perception (that is, in reality). Once more, it will be seen, the question is one of *external* and *internal*. What is not real, what is merely imagined or subjective, is only *internal;* while on the other hand what is real is also present *externally*. When this stage is reached, the pleasure-principle is no longer taken into account. Experience has taught that it is important not only whether a thing (an object from which satisfaction is sought) possesses the 'good' property, that is, whether it deserves to be taken into the ego, but also whether it is there in the external world, ready to be seized when it is wanted. In order to understand this step forward, we must recollect that all images originate from perceptions and are repetitions of them. So that originally the mere existence of the image serves as a guarantee of the reality of what is imagined. The contrast between what is subjective and what is objective does not exist from the first. It only arises from the faculty which thought possesses for reviving a thing that has once been perceived, by reproducing it as an image, without its being necessary for the external object still to be present. Thus the first and immediate aim of the process of testing reality is not to discover an object in real perception corresponding to what is imagined, but to *re-discover* such an object, to convince oneself that it is still there. The differentiation between what is subjective and what is objective is further assisted by another faculty of the power of thought. The reproduction of a per-

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[2] Cf. 'Instincts and their Vicissitudes' (1915), *Collected Papers*, Vol. IV, 1925.

ception as an image is not always a faithful one ; it can be modified by omissions or by the fusion of a number of elements. The process for testing the thing's reality must then investigate the extent of these distortions. But it is evident that an essential pre-condition for the institution of the function for testing reality is that objects shall have been lost which have formerly afforded real satisfaction.

Judging is the intellectual action which decides the choice of motor action, which puts an end to the procrastination of thinking, and which leads over from thinking to acting. This procrastinating character of thought, too, has been discussed by me elsewhere.[3] Thought is to be regarded as an experimental action, a kind of groping forward, involving only a small expenditure of energy in the way of discharge. Let us consider where the ego can have made a previous use of this kind of groping forward, where it can have learnt the technique which it now employs in thought-processes. It was at the sensory end of the mental apparatus, in connection with sensory perceptions. For upon our hypothesis perception is not a merely passive process ; we believe rather that the ego periodically sends out small amounts of cathectic energy into the perceptual system and by their means samples the external stimuli, and after every such groping advance draws back again.

The study of judgement affords us, perhaps for the first time, an insight into the derivation of an intellectual function from the interplay of the primary instinctual impulses. Judging has been systematically developed out of what was in the first instance introduction into the ego or expulsion from the ego carried out according to the pleasure-principle. Its polarity appears to correspond to the opposition between the two groups of instincts which we have assumed to exist. Affirmation, as being a substitute for union, belongs to Eros ; while negation, the derivative of expulsion, belongs to the instinct of destruction. The passion for universal negation, the ' negativism ', displayed by many psychotics, is probably to be regarded as a sign of a ' defusion ' of instincts due to the withdrawal of the libidinal components. The achievements of the function of judgement only become feasible, however, after the creation of the symbol of negation has endowed thought with a first degree of independence from the results of repression and at the same time from the sway of the pleasure-principle.

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[3] [Cf. ' Formulations Regarding the Two Principles in Mental Functioning ' (1911), *Collected Papers*, Vol. IV, 1925, p. 16.]

This view of negation harmonizes very well with the fact that in analysis we never discover a 'No' in the unconscious, and that a recognition of the unconscious on the part of the ego is expressed in a negative formula. There is no stronger evidence that we have been successful in uncovering the unconscious than when the patient reacts with the words: 'I didn't think that' or 'I never thought of that'.

PSYCHO-ANALYSIS OF SEXUAL HABITS

BY

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BUDAPEST

Some recent papers of mine have dealt with the amplification of our therapeutic technique by means of certain ' active ' procedures. These articles were on the whole couched in general terms ; no details were given as to the manner in which this psychotherapeutic expedient should be employed, with the result that too wide a field for misconception was left open. I feel myself therefore in duty bound to publish a more detailed account of my experiences in this matter. Needless to say, owing to the complexity and wide ramifications of the material, I am not yet in a position to give a systematic account of the subject. I trust, however, that, by adducing certain characteristic examples from my practice, I may be able to show how this so-called activity may be employed with success ; further, in what light the results have to be regarded theoretically and how the methods can be correlated with other analytic knowledge. I shall of course avail myself of such opportunities as arise to indicate the limits within which the active method can be employed and shall not neglect to point out occasions on which application of them, instead of producing the anticipated result, may give rise to fresh difficulties. In common with all other detailed investigations, the present attempt is bound to give an impression of one-sidedness. The mere fact that one is supporting a thesis in the face of every conceivable criticism is of itself calculated to give the impression that the new proposals are being advanced to the detriment of what has previously been regarded as correct procedure : it is an easy step from defence to special pleading. To avoid producing this assuredly false impression the author can only reiterate that his so-called activity is in no way intended to displace previous analytic methods, but rather in certain contingencies and at certain points to amplify them. Any attempt to substitute for the previous technique a series of active measures and abreactions would only end in disappointment and stultification. The aim and end of psychoanalytic therapy now, as always, is to bring about a mobilization of the repressed in the pre-conscious system by means of re-awakened memories and of reconstructions arrived at by necessity. Activity is nothing more than an expedient which, skilfully applied, will advance analytic work.

The idea of arranging the phenomena about to be described under the title of 'Psycho-Analysis of Sexual Habits' suggested itself when, in course of writing, it became apparent that the scientific associations to a theme originally purely technical in nature grouped themselves naturally round the subject indicated in the title.

1. *The Analysis of Urethro-Anal Habits*

One of the principal indications concerning the general attitude to be maintained towards analysands is found in Freud's formulation that analysis shall be conducted in a state of mental privation. Up to the present this has been taken to mean solely that the wishes and demands put forward by the patient in the transference have to remain unsatisfied, more particularly his longing for affection and the tendency, so to speak, to settle himself for life with the analyst. I would add by way of supplement that various other privations also can be advantageously imposed on the patient; in illustration I shall now detail the most important amongst my observations.

In one of my earlier papers I took as an illustration of active methods during analysis the case of patients who, during the sitting, exhibited as a transitory symptom a strong desire to urinate; such patients were, as far as possible, to be prevented from gratifying the compulsion. My expectation was that the increased tension produced in this way would, as it extended to the mental sphere, make it more easy to bring up the material which tends to gain cover behind such symptoms. Later I had occasion to regulate the process of defæcation with certain patients, especially those who exhibited excessive anxiety to observe regular intervals. Here again my expectations went no further at first than the hope that analysis would be advanced by this disturbance of habit. The actual results, however, exceeded my expectations. Cases with a urinary compulsion proved to be persons who urinate altogether too frequently, that is to say, who suffer from a very mild form of polyuria, behind which is concealed unconscious anxiety about imperfect control of the urinary sphincters. This is at once a derivative form and residue of infantile difficulties in settling down to the excretory discipline in question. The same can be shown to apply to stool-pedants. By exaggerated promptitude and punctuality they compensate for the infantile anal-erotic tendency to hold back the stool as long as possible; but here, too, an unconscious anxiety was operative that, if the stool were kept back too long, too much excretory material would accumulate, giving rise to severe pain on

ultimate defæcation. I had frequently to regulate anal and urinary processes in one and the same patient, chiefly with impotent men and frigid women.

The first reaction to such disturbance of excretory habits was as a rule the following: a urethral prohibition would be met with protestations from the patient that he could if he liked hold his urine for a whole day, that he had an exaggerated potency in this respect, and so on. On my reply that he should merely attempt to retain his urine as long as possible, this would result on occasion in quite astounding performances, the urine being retained from 8 to 10 hours, on one occasion for 28 hours. This of course applied only to the first attempt or only for a brief period. As a rule the instruction to continue the attempt was not successfully carried out; indeed in some instances it required only one or two attacks of exhaustion, which had been covered by this 'hyper-potency,' to unmask a tendency to enuresis with which the patient had been quite unfamiliar and which threw light on important parts of his early infantile history. It seemed as if a persisting weakness of the internal sphincters of the bladder had been counterbalanced by over-strong innervation of the external auxiliary sphincters, a disability which came to light only when the latter system was exhausted.

Similarly with closet-pedants the instruction was given to wait until the desire came of its own accord. Here the resistance took the form (occasionally observed in urinary cases also) of hypochondriacal apprehension. The bowel might rupture; retention would give rise to hæmorrhoids; the retained excreta would injure the constitution or cause poisoning; some complained of headache, loss of appetite and mental incapacity; they quoted cases where prolonged constipation had given rise to fæcal vomiting and they could only with difficulty be restrained from having recourse to their habitual pills or enemata. Nevertheless their apprehensions proved to be merely phobia-constructions barring the way to repressed anal erotism and anal anxiety. If one persisted in the regulation, undeterred by these gratuitous prognostications, one gained on many occasions a deep insight into the instinctual life concealed behind character-peculiarities. Here, too, one came across obstinate patients who would retain their stools for 4, 5, 8, and, in one well-authenticated case, for 11 days in order to reduce my injunctions to absurdity. In the long run, apparently when they saw that I was not to be moved from my course, such patients would produce, accompanied by severe pains similar to those of labour, an extremely hard scybalum followed by an enormous stool.

In these cases, too, a single experiment was usually though not invariably sufficient to overcome the patient's obstinacy : if one gave them a renewed exhortation to retain the stools for the longest possible period, it proved no longer an easy matter to do so ; indeed, in some instances it was possible in this way to relieve conditions of constipation which had persisted for incredibly long periods. Here again it seemed that an exaggerated functioning of the external sphincters had concealed a weakness of function of the internal sphincters.[1]

Obviously I should never have paid such close attention to the details of these two functions, if I had not made the remarkable, and to me at first astonishing, observation that by the methods described one can open up otherwise impassable avenues of communication, on the one hand between character-peculiarities and neurotic symptoms, and on the other between their instinctual sources and the details of infantile development. The so-called ' character analyses ' would seem to call specially for reduction, by means of these active manœuvres, to anal, urethral and oral-erotic interests in order to bring into play new and distinct fusions and applications of instinctual energy.

My experiments on the retention of excreta proved, moreover, profitable in an unexpected direction, by bringing confirmation of the ' amphimixis theory ' of genital function as set forth in my *Versuch einer Genitaltheorie*.[2] In some instances my attention was drawn to the fact that a urethral prohibition affected anal function in a quite unmistakable way ; it was as if the tendency to evacuation had undergone displacement backwards, so to say. Patients would exhibit increased frequency in evacuation, increase in flatulence, and would pass wind copiously. But displacements of a different type were also observed, e.g. a definite effect on the appetite, and most remarkable and most important of all, in the case of impotent patients erections occurred even where these had been for a long time conspicuous by their absence. It was impossible to avoid correlating these phenomena with certain views I had put forward in my *Genitaltheorie* concerning

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[1] Those who are familiar with my observations on the often quite astounding ' hysterical materialization phenomena ' (see *Hysterie und Pathoneurosen,* Internationaler Psychoanalytischer Bibliothek., Bd. II, 1919) will not reject as *a priori* absurd the view that the unconscious can obtain direct expression through the form and structure of the excreta, a possibility to which Groddeck had already made half-joking reference in his *Seelensucher*.

[2] Internationaler Psychoanalytischer Bibliothek., Bd. XV, 1923.

the origin of the genital function. The facts observed could be regarded as experimental confirmation of my conclusion that anal and urethral innervation-characteristics are to be observed in a state of amphimictic fusion in the evacuation and retention functions of the bladder and of the rectum ; further, that these tendencies are secondarily displaced to the genital, where they control the act of emission in copulation and its inhibitions. Apart from the theoretical importance of these discoveries it seemed to me to be of practical significance that by means of these active procedures there was greater possibility of reconstructing the pregenital formations in cases of impotence. Moreover I am entirely in agreement with the view expressed by W. Reich [3] that not only manifest cases of impotence but, so to speak, all cases of neurosis show some disturbance or other of genital function, and I was able to demonstrate the suitability of urethro-anal activity in widely differing forms of neurosis.

In reply to the obvious criticism that retention must have given rise to mechanical stimulation of the adjacent genitalia, I may state that the erections were observed not only when the bladder was full but after it was emptied. A much more convincing argument in favour of the correlation mentioned above was found in the mental attitude displayed by the analysands in question. Individuals behind whose ' hyper-potency ' was concealed a latent infantile weakness, became much more unassuming, whilst those who succeeded through the retention procedure in overcoming a certain anxiousness exhibited a remarkable increase of self-confidence in sexual matters. In addition they gained courage to bring up deep associations and memories and to advance the transference situation in a manner which up to that point had been impossible. In any case I am not altogether convinced that even the so-called ' bladder erection ' can be explained solely on mechanical grounds, without the conception of amphimictic displacement of innervation.

These observations afforded me an opportunity of studying in detail, during the analytic 're-education ', the nature of pregenital education in children. I found that the ultimate cause of the tendencies to urethral evacuation and to anal retention is anxiety about pain in the case of emptying the bladder, anxiety over the tension caused by a full bladder, and in the case of emptying the bowel, anxiety about

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[3] ' Die therapeutische Bedeutung der genitalen Libido', Salzburg Congress, 1924.

pain associated with the stretching and dragging of the anal sphincter. Hence evacuation implies pleasure for the bladder, 'pain' for the rectum.[4] The *erotic* exercise of these functions calls for a relatively great increase in tension. Emptying the bladder gives rise to actual pleasure only when the distension has exceeded a certain limit: in the same way the erotic pleasure-premium in bowel evacuation, to which Freud first called attention, occurs only when the tension or 'pain' experienced before evacuation is appreciable. In my opinion the main specific character of erotism consists in a pleasurable overcoming of self-constituted organic difficulties.[5] Now many neurotics show themselves over-anxious and deny themselves the pleasure of anal and urethral erotism through fear of the unavoidable pain associated therewith; it would appear that the courage to face pregenital erotism is an indispensable factor without which satisfactory genital erotism cannot be established. In analysis the fight over anal and urethral habit-weaning is repeated and, on this occasion, carried to a more successful conclusion, presupposing, of course, the resolution of certain capacities and habits which would indicate superficially that this phase of education had been successfully carried through.

Yet not only did these retention experiments uncover significant physiological phenomena; they also gave rise to associative material of some importance. The child's identification with its parents has in fact a pregenital preliminary stage; preceding the attempt to measure his genital capacity with that of the parents, the child endeavours to out-rival them by means of anal and urethral exploits. Here, as is suggested in my *Genitaltheorie*, excreta are equated with children and the excretory organs are made to play the as yet sexually undifferentiated rôle of progenitor.

Active interference, particularly with bowel function, might thus be described in the following terms: by its means we increase certain tensions until the pain of retention outweighs the anxiety of evacuation; with urethral cases the process might be described rather as one of growing accustomed to something together with the development of tolerance for tensions of the bladder-wall. Beside these physiological factors the part played by the physician, by virtue of parental transference, must obviously not be overlooked. Medical orders and prohibitions repeat to some extent the authoritative commands of the

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[4] Cf. also D. Forsyth's observations on this point.

[5] *Versuch einer Genitaltheorie*, p. 11.

significant personages of childhood, with of course one important difference : in childhood everything tends in the direction of weaning from pleasure-gain; in analysis we substitute for the original training, which has been over-successful, a re-education which affords suitable latitude to erotic play.[6]

Associated with the regulation of anal and urethral function in analysis, there occurs as a rule a revision of certain ' character-traits ' which, as Freud has shown, are merely substitution, fermentation and sublimation products of these organic instinctual dispositions. Analytic re-activation of anal erotism takes place at the cost of anal character-traits. Patients who up to this point have been over-anxious and avaricious become gradually more liberally disposed, and that not with excreta alone ; the inflammable urethral type, who has never been able to tolerate tension even in the mind without immediate discharge, becomes more restrained. Speaking generally, the methods tend to convince patients that they are able to stand more ' pain ', indeed, that they can exploit this ' pain ' to extract further pleasure-gain ; from this there arises a certain feeling of freedom and self-assurance which is conspicuously absent in the neurotic. Only with the assistance of this self-confidence will sexual tendencies of the advanced genital type be mobilized or courage be gained to re-activate the Œdipus complex and to overcome castration-anxiety.

When analysis is completed it becomes apparent that neurotic bowel and bladder symptoms are, in part at least, merely repetitions of the old adaptation-struggle between the instinct to evacuate and the earliest social demands. It becomes more and more clear that, as with neuroses generally, the actual traumatic force operative here is the tendency to flight from the Œdipus complex, hence from genital

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[6] The expressions ' order ' and ' prohibition ' are rather misleading and do not give an accurate idea of the manner in which, I hold, the procedure should be applied. I would call them rather positive and negative suggestions, implying thereby that they are not so much the authoritative commands familiar in the education of children as experimental modes of behaviour which are adopted by the patient either in agreement with the physician or because he has confidence in their ultimate utility. Nothing is farther from the psycho-analyst's intention than to play the part of omnipotent dictator or to indulge sadistic severity. To do so would be to sink to the level of the one-time psychotherapy of force. It is very seldom necessary to make continuation of treatment contingent on acceptance of our suggestions.

function ; manifest and latent expression in neurosis of anal, urethral oral and other erotisms is most often secondary in nature, i.e. they are regressive substitutions for the actual neurosogenic factors, particularly for castration anxiety.

The anal and urethral identification with the parents, already referred to, appears to build up in the child's mind a sort of physiological forerunner of the ego-ideal or super-ego. Not only in the sense that the child constantly compares his achievements in these directions with the capacities of his parents, but in that a severe sphincter-morality is set up which can only be contravened at the cost of bitter self-reproaches and punishment by conscience. It is by no means improbable that this, as yet semi-physiological, morality forms the essential groundwork of later purely mental morality, just as, in my opinion, the physiological act of smelling (before eating) is the prototype or forerunner of all higher intellectual capacities in which there is a postponement of instinctual gratifications (thought).

It is not impossible that up till now we have greatly underestimated the biological and physiological significance of the sphincters. Their anatomical form and mode of function seem to be specially adapted to the stimulation, accumulation and discharge of tensions : they operate after the manner of sluices erected at the portals of entry and exit in the body, and their oscillating degrees of innervation permit an unending variation in states of tension and discharge, in that they facilitate or obstruct the increase and decrease of body-content. These phenomena have previously been regarded in a purely utilitarian light, and the importance of sphincter-play in stimulating pleasure and ' pain ', and particularly its erotic significance, have been entirely neglected. It is easy to demonstrate the displacement of innervation from one sphincter to another or to several others. For example, a state of anxiety is usually heralded by marked constriction of the anal orifice, accompanied as a rule by a tendency to empty the bladder. In hysteria this contraction can be displaced to other organs, e.g. globus hystericus, laryngeal spasm (hysterical aphonia), pyloric contraction of the formation of atypical sphincters at various points of election in the intestinal canal. The source of all these difficulties is shown in hysteria to be anxiety over the corresponding innervation of the genital sphincters, illustrated in the male by disturbance of potency and in the woman by menstrual troubles (uterine contractions). These sphincter observations suggest that the explanation of many neurotic symptoms lies in their relation to castration anxiety, birth anxiety

(Rank), and to the, as yet, incompletely understood anxiety of parturition. As a means of estimating the strength of fluctuations in emotion, in particular of anxiety, one might suggest that experimental psychologists should adopt manometry of anal sphincter-tension just as paying attention to the oral and glottic sphincters has added to our knowledge of the physiology and pathology of breathing, speaking and singing, more particularly in respect to their emotional relationship (S. Pfeifer, Forsyth).[7]

Patients who carried these retention exercises beyond a certain point usually displayed great anxiety, sometimes accompanied by temporary incontinence and frequently associated with the reactivation of infantile experiences. The appearance of incontinence can be regarded as a kind of panic when all regard for ' sphincter-morality ' is abandoned and retreat is made to the stage of infantile-autochthonous self-gratification.[8]

I have already referred to the overflow of increased tension from anal-urogenital orifices to general psycho-physical tonicity. In one instance dreams occurring during a period of activity showed quite definitely that ' stretching ' represented, so to speak, an erection of the whole body, by means of which the patient unconsciously gratified a phantasy of coitus with the mother, the body taking the place of his penis which he could not erect properly.

In my opinion this identification of the whole body with the genital will prove to be of great significance in the pathology of neurosis as well as in that of organic disease. When I submitted the present observations to Professor Freud, he summed the matter up briefly in the comment that impotent persons who have not the courage for sexual intercourse perform coitus in (unconscious) phantasy with the body as a whole. Perhaps this is the origin of all ' intra-uterine ' phantasies.

I might adduce here some other striking instances of the way in which analysis can be favourably influenced by modification of excretory habits. A patient with an almost intolerable anal pruritus, followed by an irresistible tendency to anal and rectal masturbation, showed no signs of symptomatic improvement in spite of a tedious investigation by means of associations. It was only after he had gone through a prolonged voluntary retention experiment and had eliminated the associ-

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[7] See also my remarks on stammering (*Genitaltheorie*, p. 12).

[8] Cf. the sudden abandonment of all sphincter-control in states of great anxiety, terror, in hanging, etc.

ated feelings of tension in the rectum as pleasure-organ that the tendency to displace erotism to the genitalia became manifest. Another patient who was only capable of having intercourse when his bladder was empty, and not complete intercourse at that, succeeded in producing stronger and more continued erections after some successful attempts at retention of urine ; at the same time he made considerable progress towards analytical understanding of his condition. In very many cases, amongst them some male patients, retention of the stools afforded interesting insight into the parturition-significance of the act of passing fæces. The patient who defæcated only by dint of force and with whom excretion was accompanied by spermatorrhœa, the price, so to speak, being paid by the genital system, abandoned this symptom after forced retention with painful evacuation.

It is difficult to lay down exact indications when and in which cases the attempt can and must be made ; at any rate there must be very good grounds for the assumption that a displacement backwards (or disintegration) of genital erotism to its biological preliminary stages is present, i.e. that the original fear of genital castration has been displaced to the more harmless anal and urethral excretory functions. The method described then serves the purpose of bringing about displacement to the genital organ.

That large amounts of libido can be unconsciously attached to bowel function is shown by the following case. A patient had curious attacks associated with a feeling of ' eternity ', during which she had to lie still free from all excitation in an introverted state. This ' eternity ' actually represented an indefinitely postponed evacuation of the bowels, and was only cleared up when the painful experience of forced retention induced the irresistible compulsion to bring the ' eternity ' to an end. It was only after she had permitted herself this anal orgasm that it proved possible for her to approach the previously inaccessible genital orgasm. A patient with exceptionally strong castration-fear was accustomed to pass a single and complete stool : it was a phobia of his to prevent any breaking up of the mass by the sphincters. He exhibited in addition a quite remarkable capacity for which I could find no satisfactory anatomical explanation ; he could produce without any external assistance, and as a rule during defæcation, a temporary constriction of the penis just about a centimetre behind the glans. Once his erotism was displaced back to the genital system the chronic impotence improved and a permanent cure followed the elucidation of his Œdipus complex and the overcoming of his sexual anxiety concern-

ing the parents. Here as in many other cases the moulded fæcal substance represented a child. One of my pupils, v. Kovács, of Budapest, was able to correlate a facial tic which had persisted from childhood with latent tendencies to masturbation and displacement to the bowels; she was able to bring about a cure by means of psycho-analysis together with the imposition of certain bowel exercises.

These observations tend to confirm the view that 'bio-analytic' dissection of genital function is not only of theoretic importance, but is calculated to add to our therapeutic resources.

By way of supplement it should be said that 'activity' can be applied to the functions of nutrition as well as to those of excretion: renunciation of certain pleasures in eating and drinking, both qualitative and quantitative, together with compulsory eating of foods or substances which have previously been avoided for reasons of idiosyncrasy, can uncover the instinctual background of oral character-traits.

II. *The Analysis of Certain Sexual Habits*

In his address delivered at the Budapest Congress,[9] Freud told us most emphatically that the rule regarding the state of privation in which analysis should be conducted was not to be taken to mean permanent sexual abstinence during analysis. In the present section, however, I should like to adduce some evidence showing the various advantages to be gained if one is not deterred from imposing even this privation. The most convincing theoretical argument in its favour I have taken from one of Freud's latest works,[10] in which he shows us that a permanent bond in groups is based on the 'aim-inhibited' sexual impulses alone and that gratification continually weakens this bond. In my opinion the same applies to the 'group of two' represented in the analytic situation between physician and patient. Freud himself stated some considerable time ago that habitual sexual gratification renders the child ineducable, in all probability because indulgence increases the child's narcissism, thus making it independent of external influence. The same is true of that kind of re-education which we seek to effect by means of psycho-analysis. Educational and analytical work must both alike repeat the latency period (which I have made bold to regard as a residue of primeval deprivations dating

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[9] 'Turnings in the Ways of Psycho-Analytic Therapy', 1918, *Collected Papers*, Vol. II.

[10] *Group Psychology and Analysis of the Ego.*

perhaps from the Glacial Epoch) and bring it to a new and successful conclusion. In this work the physician must take over the rôle of father or primal father,[11] whilst the patient must be in that state of susceptibility which involves regression to the group mind (Freud). Continued lowering of sexual tension by gratification during the analysis implies an absence of those conditions which promote the psychological situation necessary for transference. The analyst produces the same effect on the patient as the despot who loves no one but is loved by all; by countermanding the habitual modes of gratification he ensures an affective relationship with the analysand, by means of which repressed material is freed and the relationship itself is ultimately dissolved.[12]

The necessity to combine analysis with sexual abstinence was not simply the result of speculation but arose from disappointing experiences in cases where the countermand was not given or where the temptation to transgress it was too strong. A young married woman with acute melancholia had a secret love-affair but, owing to my apprehension of her committing suicide, I had never dared to suggest complete abstinence from sexual relations; she proved amenable to my influence only while her mental condition was intolerable, but shortly afterwards became refractory and returned to her lover without completing analysis. Another young woman consulted me on account of an unhappy love-affair with a doctor who practised certain sexual activities with her but did not return her tender regard. Transference was easily established but, as analysis presented no prospect of gratification, she abandoned it on several occasions and returned to the less scrupulous colleague. Again and again she came back penitently to resume treatment, only to break away when resistance increased. On the last occasion she kept away for a prolonged period, and the next I heard of her was a newspaper report of her suicide. I lost a very interesting case of obsessional neurosis, in spite of normal transference and unimpeded progress, simply because I had not forbidden energetically enough an affair with a man who, characteristically, had the same surname as myself. I had a similar experience with another neurotic

[11] It is obvious that the physician must also occasionally play the part of mother.

[12] This last factor, it is true, differentiates the mental situation of the analysand from that of adherence to a religious or other sect, in which obedience is strengthened by means of privation (hunger, thirst, sexual asceticism, sleeplessness, etc.).

woman who was accustomed to indulge in ' infidelities ' of this kind during the summer holidays.

From these observations two conclusions are irresistible, first, that there is little prospect of freeing anyone from an unhappy infatuation analytically so long as actual gratifications with the love-object are taking place ; second, that it is as a rule unfavourable if patients can enjoy sexual pleasures during analysis. Obviously a state of sexual abstinence is more easily attained with unmarried than with married people ; in the latter case it can often be induced by temporary separation from the marriage partner.

Nevertheless, it is precisely with married neurotics that regulation of marital sexual relations is imperative. Semi-potent or three-parts potent men often strive after sexual achievements far exceeding their desire,[13] and revenge themselves on their wives by bad temper or else exhibit or exaggerate neurotic symptoms. Moreover, it is often true of the apparently hyper-potent that their sexual performances merely compensate for feelings of weakness, something after the manner I have already described in urethral types. A disposition of this sort is not calculated to promote transference, and moreover the real state of affairs is concealed ; hence if the analysis is to be advanced the disposition must be overcome. Take, for example, the following case, which is quite typical : a patient who had been neurotic since early youth was before his marriage ' cured ' of impotence by some urological treatment or other. The cure was effected by an obsessional neurosis being brought about, and, by dint of carrying out innumerable ceremonials, he was able to perform coitus with a semi-erect penis and in fact had two children. The first regulation imposed during analysis was one of complete separation, which quite obviously ameliorated his condition. Thereupon he was given a urinary retention course, since his ceremonials were mainly of a urethral type, e.g. micturition immediately preceding intromission. In the meantime analysis of the obsessive impulses and thoughts was of course continued, and shortly afterwards these symptoms were correlated with the enforced but unconsciously dreaded sexual activities. The compulsion acted in this case, as Freud says it invariably does, as a corrective to doubt, which latter was motivated by castration anxiety. At a later stage of treatment the patient had spontaneous erections, but was enjoined to continue

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[13] Cf. also Rank, ' Perversion and Neurosis,' International Journal of Psycho-Analysis, Vol. IV.

renunciation of gratification both with his wife and with other women. This procedure represented, of course, merely an extension to the genital organ of retention exercises previously associated with the urinary apparatus. Here again the tension had to increase beyond the limits set by anxiety, when it produced not only increased pleasure in aggression, physiologically speaking, but stimulated the mental courage necessary to attack the unconscious phantasies. In this manner the analysis described and many others were successfully stimulated by a kind of ' sexual anagogy.'

The necessity for such anagogy is not confined to neurotics : many unhappy married relations can be improved by this means. Nothing is more prejudicial to marriage than a pretence of greater tenderness and particularly of stronger erotism than is actually present, to say nothing of the suppression of hate and other ' painful ' feelings. An occasional angry outburst and temporary abstinence can work wonders in the subsequent reconciliation. The husband often adopts a wrong attitude in sexual affairs from the very first night ; he feels constrained to exercise to a bride who is quite unaccustomed to these demonstrations a degree of masculine potency far beyond the necessities of the occasion. The result is that their erotic relations cool off even during the honeymoon : the husband becomes morose and his wife is overcome with perplexity at the course of events. This may develop into a permanent source of damage to married relations. The husband begins to feel his ' conjugal duties ' as a regular compulsion against which his libido rebels with correspondingly compulsive polygamous inclinations. In such cases the abstinence rule is of some service. By its very nature intercourse should not be a deliberate act, a matter of use and wont, but a sort of celebration during which dammed up energies can spend themselves in an archaic fashion.[14] Moreover, psycho-analysis has taught us that owing to the equation of wife and mother, Œdipus anxiety is usually the source of disinclination for marital intercourse. Paradoxically enough, therefore, marital fidelity makes greater demands on potency than the most lurid polygamous existence. That so many love-marriages end unhappily is to be attributed to a diminution in tenderness resulting from overstressed gratification ; both partners find their dreams shattered, whilst the husband even comes to regard himself as caught in the toils and doomed to lifelong sexual slavery.

As we know from the symptom-complexes of neurasthenia, genito-

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[14] Cf. *Genitaltheorie*, p. 58.

sexual overactivity can give rise to physical and mental disturbances, especially to states of depression. My experience of analytic treatment and cure of such symptoms has led to a deeper understanding of the pathology of this condition, which up to the present has been rather neglected by psycho-analysts. The ' inadequate discharge ', which Freud in his earlier works described as the cause of neurasthenia, proved on closer examination to be a protest of anxiety on the part of the corporeal and psychic ego against libidinal exhaustion ; regarded from this point of view neurasthenia is seen to be founded on hypochondriacal ego-anxiety, in direct antithesis to the anxiety-neurosis, where anxiety is due to dammed-up object-libido. Even after normal copulation neurasthenics are plagued with ' scruples of corporeal conscience ' about masturbatory and other genital activities ; they feel that orgasm has been brought about as one would forcibly pluck unripe fruit, that is to say, by gratification of, as yet, insufficient sexual tension at the cost of ego-function. This may account for the ' pulling off ' symbol for masturbation. Of course, treatment of neurasthenia can only be purely palliative in nature, e.g. the abandonment of pathogenic types of gratification ; nevertheless, it can be materially advanced by analytic discovery of the motivations behind masturbation-anxiety and its reduction in course of treatment.

W. Reich [15] is entirely in the right when he holds that it is by no means essential to prevent gratification of onanism which has previously been avoided from motives of anxiety. I should like to add that once the patient has learned to tolerate masturbation, another stage remains to be gone through, viz., learning to endure still stronger sexual tensions even without masturbation, that is to say toleration of complete abstinence. Only in this way can he overcome auto-erotism completely and find a path to normal sexual objects. In analytical terminology narcissistic libido-tension is required to reach a pitch where discharge is no longer a sacrifice but a relief and a source of pleasure.

An important fact disclosed by the study of neurasthenia, as indeed of nearly every neurosis or psycho-neurosis, is that nocturnal emissions are masturbatory acts exiled to dream life on account of their incompatibility with consciousness and that they are often encouraged by the adoption of certain postures. Explanation of the unconscious desire for such gratification is accepted by the patient, after a more or less prolonged resistance, through sheer weight of evidence, and responsi-

[15] Loc. cit.

bility for this form of self-gratification is assumed, with the result that it is either greatly reduced or abandoned altogether. Emission dreams are without exception disguised incest-dreams, which fact of itself explains why they cannot be experienced as waking masturbation phantasies. Hence we are entitled to regard it as an advance when masturbation takes the place of the more pathogenic nocturnal emission; the former should then be allowed free play before complete abstinence is imposed.

Anxiety-neurosis, too, which we find at the root of every anxiety-hysteria and of most conversion-hysteria, can also be treated either by palliative measures or in a radical fashion; it likewise depends on two factors, on the one hand the amount of dammed-up libido and on the other the sensitiveness to such libido-accumulations. As with onanistic over-expenditure of libido, abstinence is accompanied with anxiety ideas and sensations. The neurasthenic regards his semen as the most priceless sap, the loss of which will bring in its train all manner of grievous conditions and diseases, whilst the anxiety-neurotic is afraid that his dammed-up libido will poison him or cause him to have a stroke. The radical treatment in this case is the adoption, even in increased degree, indeed, of the abstinence-rule in spite of anxiety, together with continued analytic investigation and mastering of the anxiety itself and of its mental derivatives.

Abnormalities of ejaculation (ejaculatio præcox in the case of neurasthenia, and in anxiety-neurosis ejaculatio retardata) are certainly to be regarded as disturbances of the seminal vesicles and their sphincters in the urethral or anal sense. Hence they may require to be dealt with by a combination of genital and pregenital abstinence rules. A Mohammedan conversant with Indian erotic customs informed me that, in common with his fellow countrymen, he could perform coitus without ejaculation *ad infinitum* provided, during the act, the woman exercised pressure with the fingers on his perinæum, in this way relieving him of the necessity of controlling the ejaculatory sphincters.

As has already been pointed out, these various abstinence-rules, in addition to displacing repressed innervations to other parts of the body, bring about mental reactions by means of which much unconscious material is uncovered. We have already considered the anxiety-reaction: no less striking, however, are the frequent manifestations of rage and of desires for revenge directed naturally in the first instance against the analyst but easily traceable to infantile sources. And it is

precisely this freedom of reaction which distinguishes the orders and prohibitions of analytic re-education from those which were experienced in childhood and later on gave rise to neuroses. But we shall return to this matter of aggression in somewhat greater detail below. Abstinences, especially the abandonment of sexual 'excesses', bring about a quite undeniable increase in mental capacity, suggesting that the libido saved thereby increases not only the muscular tone but the tone of the thinking apparatus, a view which incidentally was expressed by Schopenhauer. With neurosis, however, there can be no increased pleasure or increased capacity without analysis; increase of tone merely helps to bring repressed material to the surface, and only when this has been thoroughly sifted does increase in capacity occur. We know, since Freud's work, that, in the absence of analytic solution, neither abstinence nor gratification can resolve neurotic conflicts.[16]

III. *On Unconscious Phantasies of Sexual Lust-Murder*

Application of urethral, anal and genital regulation during analysis of patients exhibiting genito-sexual excess has resulted in uncovering, with quite striking regularity, strong tendencies towards aggression, chiefly in the form of lust-murder. These are often expressed in sadistic phantasies of strangling, stabbing or otherwise violently overpowering a woman, and sometimes are merely alluded to by jocular or playful illustrative references. To judge from the associations, this wish to murder the woman, which as a rule is only unconscious, is highly over-determined. First and foremost it is an act of revenge for the intention ascribed to the woman of robbing the man of his semen: secondly, it is an expression of castration anxiety, the threat from the father on account of sexual intercourse. This component of the murder-impulse is really transferred from the man (father) to the woman (mother). On the other hand, adopting Rank's use of the term, the anxiety in such cases can be interpreted as anxiety in regard to the mother's vagina (vagina dentata = birth anxiety). It is not yet clear whether, and if so to what extent, the latter anxiety is to be regarded as an actual traumatic factor, as a repetition of the trauma of birth, or whether it is merely an expression of castration anxiety or parturition anxiety; possibly both factors are present in varying degree in individual cases.

At any rate, after a communication by S. Pfeifer at the Budapest Psychoanalytic Society to the effect that a necrophilic dream was due to

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[16] *Introductory Lectures on Psycho-Analysis*, p. 361.

anxiety in regard to coitus, I was able to state this general principle, viz. that the sadistic impulses of neurotics are frequently based on coitus anxiety. Many neurotics unconsciously regard coitus as an activity which, either directly or subsequently, is calculated to injure life or limb, and in particular to damage the genital organ, i.e. an act in which are combined gratification and severe anxiety. Murder then at any rate partly subserves the purpose of avoiding anxiety by rendering the love-object incapable of inflicting injury; gratification can then be enjoyed undisturbed by castration anxiety. In these phantasies of aggression the woman is attacked in the first instance with external weapons (knife, dagger or, in the case of throttling, with parts of the body which are not usually protected, i.e. the hand), following on which coitus is performed, that is to say, the penis is employed as weapon against a now harmless object. The close fusion of aggressive and libidinal impulses which exists in normal coitus here seems to be as it were 'defused' into two distinct actions. In the normal coitus of individuals who are not neurotic, the inner tension seeking for discharge finally overcomes anxiety, although, as suggested in my ontogenetic and phylogenetic 'catastrophe'-theory of coitus,[17] some traces of anxiety may still persist.

By imposing abstinence we compel the neurotic to endure powerful tensions which finally overcome anxiety about coitus. In one instance I was able to observe with special clearness in the dream-life of the patient a gradual development from phantasies of lust-murder to those of coitus. Following dreams in which the woman (mother) was killed, came others depicting violent struggles with a man (doctor, father) and ending in emission. Still later there appeared active homosexual dreams, i.e. castration of men, and only when the man had been overcome and the principal danger thus averted did manifest dreams of coitus with women occur.[18]

It remains now to correlate these observations with my somewhat slender experience of manifest masochistic perversions. I have it on the authority of an extremely intelligent young man who suffered from this perversion that each masochist finds pleasure only in a special degree of humiliation and bodily suffering to which the partner in each case is specially enjoined to conform. The degree varies individually but,

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[17] Cf. *Genitaltheorie*, Chaps. V and VI.

[18] Further research into this question would not only help to explain criminal lust-murders, but also ordinary murderous impulses.

should the margin be overstepped, their desire cools and they abandon the passionate relationship as far as that particular object is concerned. It seems that the masochist's need for punishment, or, more broadly speaking, his need for suffering, the deeper sources of which have been brought to light in Freud's latest work on this subject,[19] subserves in addition, one might say, practical ends. These are somewhat akin to the purpose of my own experiments, which are intended to increase the capacity for tolerating pain beyond the anxiety-barrier in order to stimulate the courage necessary for coitus. Since their orgasm takes place during the infliction of pain, masochists never attain this position, and are either incapable of ordinary coitus or at most can perform coitus only when there has been some preceding painful experience. The parts of the body surrendered for algolagnia are almost invariably extra-genital, as it were a displacement of pain and anxiety to other parts of the body, in order to preserve genital gratification unhampered by castration anxiety. A masochist whose pleasurable phantasies were concerned with being beaten on the buttocks exemplified this state of affairs very well. As a child she had substituted anal erotism for genital masturbation, but then took pleasure in having blows administered on the buttocks immediately after defæcation. I fancy I should have made more progress with this case had I employed anal retention-exercises with a view to re-establishing genital erotism and so inducing tolerance for castration, birth and parturition phantasies.

From this point of view it can be seen that sadistic murder-pleasure and masochistic enjoyment of suffering have a common motivation in mental and physical sensitiveness to pain involving the genital region, and in the resultant anxiety about normal sexual activity. Future investigation will show how far unconscious identification of the whole ego with the genital plays a part in this process.[20]

IV. *Habit and Symptom*

All the manifestations which we have so far classified as urethral, anal and sexual habits can be defined as symptoms behind which analysis is able to disclose repressed desires and feelings. We shall now describe another, although very incomplete, series of 'symptom habits' which are not directly connected with the genital organ.

Special mention must be made of patients' movements during

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[19] 'The Economic Problem of Masochism', *Collected Papers*, Vol. II.

[20] Cf. *Genitaltheorie*, p. 52.

analysis to which we have already alluded. Many patients exhibit an exaggerated rigidity of all the limbs; when greeting the analyst or saying good-bye this may develop into almost catatonic rigidity without necessarily suggesting a condition of schizophrenia. As analysis progresses release of mental tensions may be accompanied by relief of muscular tensions, but sometimes this does not happen and we are compelled to draw the patient's attention to the habit and so to some extent to 'mobilize' it. As a rule this results in review of material previously hidden or repressed, in particular of affectionate or hostile tendencies which were inhibited owing to tension, and in addition of difficulties relating to sexual discharge and erection. The patient's handshake may afterwards become freer and his posture more mobile, whilst the mental attitudes may show a corresponding change.[21] Some considerable time ago my attention was directed to certain 'transitory' symptoms[22] beside these constant symptoms just described; even the sudden cessation of a habitual rhythmic movement can be interpreted in analysis as signifying a suppressed thought, and as such can be explained to the patient.[23]

An unfamiliar gesture occurring during analysis may prove to be a sign of repressed emotion. Most significant, however, are the so-called 'naughty' or 'bad habits', nail-biting, nose-boring, scratching, fingering the moustache, etc. I have elsewhere[24] indicated the possibility that such habits are masturbation-equivalents. At any rate it is worth while paying them some attention and, when opportunity arises, suggesting to the patient that they should be abandoned. This should be done not so much by way of breaking a habit as in the expectation that increasing tension will force unconscious material to the surface, where it can be turned to analytic advantage. The most persistent of all 'transitory' formations, tic convulsif, can neither be understood nor improved without some such procedure.

A specially typical case was that of a man suffering from a severe

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[21] Cf. 'Zur psychoanalytischen Technik', *Zeitschrift*, Bd. V, 1919.

[22] Cf. Ferenczi, 'Transitory Symptom-Formations during Analysis' (1912), *Contributions to Psycho-Analysis*.

[23] There seems to be a certain relation between the capacity in general for relaxation of the musculature and for free association. Sometimes I require patients to relax particularly. Cf. 'Denken und Muskelinnervation', *Zeitschrift*, Bd. V, 1919.

[24] 'Technische Schwierigkeiten einer Hysterieanalyse', *Zeitschrift*, Bd. V, 1919: 'Über den Tic', *Zeitschrift*, Bd. VII, 1921.

narcissistic neurosis who was obsessed with the (imaginary) idea that his nose was misshapen and who made constant grimacing contortions of the facial muscles, which were particularly violent during times of emotional excitement. He had in addition innumerable mannerisms of posture and movement which on occasion were elaborated into obsessive ceremonials. Analysis of this condition was materially advanced by a strict prohibition during the hour of the very slightest tic-like movements: later on the prohibition was extended to movements occurring in extra-analytical periods, which, I need hardly say, involved some quite strenuous work for both patient and analyst. Nevertheless by giving this tension conscious psychic discharge in place of reflex and, so to speak, symbolic discharge, we were able to discover the aim and motivation of each individual movement. The grimaces represented an unconscious, cosmetic manipulation of the nasal muscles, the earlier ideal form of the nose being thus reproduced through the movements of contraction and dilatation; this tendency was concealed by the horrifying effect of the facial distortion. The other mannerisms were also part of a system of beauty-culture.[25] Further associations brought memories of childhood from which it appeared that all these postures and movements had once been consciously and deliberately practised and cultivated, although later on the patient had little appreciation of their meaning and interpretation.

This observation is by no means an isolated one; indeed, to judge from my experience of hysterical and other neurotic physical symptoms, one might go so far as to suggest that none of these symptoms occur without having had infantile forerunners of the nature of 'habits.' It is not for nothing that nurses make efforts to counteract so-called childish tricks, as when they threaten children who pull faces that they will be 'struck like that'. In most instances, certainly, they are not struck like it, but, where neurosogenic conflicts are present, suppressed infantile habits provide the repressed with symptom-forming material. When some hysterical symptoms strike us as being 'exaggerations' (e.g. isolated contractions of otherwise symmetrically contracting muscles of the eye or larynx, of the platysma, movement of the galea, modification of the involuntary processes of circulation, respiration,

[25] Incidentally, this example is one of many that go to confirm my contention that tics stand in a very close relation to narcissistic neuroses. Here, as so often, the narcissism was secondary, a displacement of the dreaded genital erotism back on to the whole body, indeed on to the whole psycho-physical ego.

or of intestinal peristalsis) we must remember that the childish organism has other sources of excitation in auto-erotic or organo-erotic play which are not available in the adult. 'Education' consists not merely in learning to acquire capacities, but to no small degree in unlearning 'supernormal' capacities. Forgotten (or repressed) capacities can, however, return in the form of neurotic symptoms.[26] For that matter, all obsessive ceremonials have one of their roots at least in childish games and activities. The curious idea which so many neurotics ventilate at the end of treatment, viz. that the illness which had tormented and incapacitated them so much was after all only 'a pretence', is quite sound in the sense that they have produced in adult life symptoms which during childhood they aimed at and sought after in play.

Moreover, psycho-analysis can be regarded as a long-drawn-out fight against thought-habits. Free association, for example, makes constant demands on both physician and patient if the latter is to be prevented from slipping back into directed thought. Should one, however, observe that rational associations of a painful character are being avoided with the help of free associations the patient must be induced to face the former.[27] On the other hand some patients take up the whole hour with a monotonous series of hypochondriacal and querulous ideas which are a substitute for free association. Having allowed them a certain amount of latitude, I sometimes make the suggestion that instead of repeating the boring sequence over again, the patient should make a pre-arranged gesture to indicate that he is busy with the familiar train of thought. In this way he is unable to gain relief, with the result that the underlying material is more rapidly brought to light. In a similar way by prohibiting elliptical associations (obtuse loquacity) we can bring patients to complete a painful train of thought, not, of course, without considerable resistance on their part.

v. *The Metapsychology of Habits in General*

Hitherto our knowledge of the psychology of habit could be summed up in the proverb 'Habit becomes second nature'. The theory that paths of excitational discharge are 'canalized' by repetition tells us no

[26] One neurotic with digestive trouble remembered as a child passing flatus audibly seventy times running; another with a respiratory complaint used at the age of three or four to lean hard against the edge of the table until an expiration-convulsion ensued.

[27] 'Zur psychoanalytischen Technik: Missbrauch der Assoziationsfreiheit', *Zeitschrift*, Bd. V, 1919.

more ; it merely expresses the same proverb in artificial, physiological terminology. Freud's theory of instincts enabled us for the first time to understand the psychic motivation of the tendency to repeat earlier experiences as if they were habits : his repetition-compulsion is a derivative of the life-instincts and death-instincts which seek to reduce all animate matter to a state of equilibrium. At all events, repetition is associated with an ' economy of mental expenditure ', compared with which seeking after new paths represents a fresh adaptation, i.e. something relatively less pleasurable. Freud's latest work (*Das Ich und das Es*, 1923) first gave us some idea of the psychic topography of the processes involved in habit-formation and habit-resolution. The dynamic and economic aspects of these processes had already been dealt with in his earlier work. In my opinion his subdivision of the ego, which had previously been regarded as an entity, into real ego, super-ego and *id*, enables us to indicate with more accuracy the region of the mental system involved in converting voluntary actions into automatisms (habit-forming) and on the other hand the part involved in giving automatisms a fresh orientation or in altering them (habit-breaking). The region where we may conceive habit-tendencies to be piled up is that great reservoir of instinct and libido, the *id*, whereas the ego is only stimulated when the necessity arises to deal with a new and disturbing stimulus, that is to say, when adaptation is essential. In this sense the ego operates like an ' emergency-apparatus,' to use Bleuler's phrase : each fresh adaptation demands expenditure of attention, i.e. involves work on the part of the conscious perceptual layer, whereas habits are deposited in the unconscious of the person concerned. Habit-formation implies that the *id* has become responsible for a previous ego-activity (adaptation), whereas to break a habit implies that the conscious ego has taken over from the *id* a previously automatic method of discharge, in order to apply it in a new direction.[28] It is clear that this conception brings instinct and habit into one and the same category, a view to some extent justified by the fact that instincts themselves always tend to re-establish previous states. They are in that sense also merely habits, whether they lead directly to the peace of death or arrive there by the round-about route which follows the ' sweet habit of life '. Nevertheless, it is perhaps better not to equate habit and instinct entirely, but rather to regard habit as intermediate between voluntary

[28] The feeling of decision according to free will, that of *liberum arbitrium*, is attached only to acts accomplished by the ego and not to the instinctive or ' habitual ' reactions of the *id*.

action and actual instinct, reserving the term ' instinct ' for those long-standing habits which are not acquired during the lifetime of the individual but are handed on by inheritance. Habits would then represent, so to speak, the cambium layer of instinct-formation where even now the transformation of voluntary into instinctive action takes place and can still be observed. The sources of voluntary actions are perceptual acts, stimuli which impinge on the perceptual surface of the individual, a layer which, in Freud's opinion, alone guards the approaches to motility. In habit-formation outer stimuli are, so to speak, introjected and work from within outwards, either spontaneously or on minimal stimuli from the outer world.

Now analysis as usually carried out is really a fight against habits and is directed towards substitution of real adaptations in place of those unsatisfactory habit-like methods of resolving conflict which we call symptoms: hence it provides an ' instrument wherewith the ego can continually possess itself of more of the *id* ' (Freud).

Of course the third ego-component, the super-ego, has also an important part to play in processes of habit-formation and habit-breaking. It is certain that habits would not be so easily acquired or given up if there were no previous identification with the educating forces whose example is built up in the mind as a pattern of behaviour. We need not go over again the libidinal trends and psychological group-bonds which are concerned in the process. We can, however, regard this introjection of external educative influences as a model for the formation of a new habit and for the appearance of a fresh instinct. At this juncture the problem of instinct-formation becomes involved with such other problems as the formation of mnemic impressions in the mind or in organic substance generally. It is perhaps more advantageous to explain memory-processes in terms of instinct than to mask our knowledge of instinct in such irreducible terms as ' mnems '.[29]

[29] Here we reach the problem of organic inheritance. ' The experiences of the ego ', says Freud in *Das Ich und das Es*, p. 46; ' seem at first to be lost to posterity; when they have been repeated often enough and with sufficient intensity, however, in the successive individuals of after-generations, they transform themselves, so to say, into experiences of the *id*, the impress of which is preserved by inheritance.' Consideration of the process of habit-forming in the course of an individual life shows us, n my opinion, rather more clearly the path taken by this process of incorporation; the inheritance of an individually-acquired attribute may by parallel induction or some other method influence the germ-plasm and so the succeeding generations. Cf. also *Genitaltheorie*, p. 91.

Psycho-analysis aims at bringing unconscious components of the *id* which operate automatically once more under the disposal of the ego. The latter, by virtue of its closer relationship to all the forces of reality, can then give these components a fresh orientation, one more in keeping with the requirements of the reality-principle. Communication between conscious and unconscious comes about, as Freud tells us, ' by the interposition of preconscious links '. Now of course that applies only to unconscious presentations ; in the case of unconscious inner trends which ' behave like the repressed ', that is to say, do not get through to consciousness either as emotions or sensations, interpolation of preconscious links will not bring them into consciousness. For example, unconscious inner ' pain ' sensations ' can develop driving force without attracting the ego's attention to the compulsion. Only resistance to the compulsion, a blocking of discharge-reaction can bring this " Something Else " into consciousness in the form of " pain " '.[30] Now our ' activity ' in technique holds up discharge-reactions (abstinence, privation, countermand of pleas urable activities, insistence on unpleasurable activities), increases thereby the tension of inner need and connects up with consciousness ' pain ' which has hitherto been unconscious ; hence it is to be regarded as a necessary amplification of purely passive association technique. The latter starts from whichever psychic superficies is present and works back to the preconscious cathexes of unconscious material : it might be described as ' analysis from above ', to distinguish it from the ' active ' method which I should like to call ' analysis from below '. In this connection the fight against ' habits ' and particularly against larval modes of libido-discharge, which being unconscious attract no attention, is one of the most important means of increasing inner tensions.

VI. *Some Technical Considerations*

A review of the foregoing material enables us to correlate our theoretical anticipations with the results of former quite free experimentation by ' active methods ' and, where occasion demands, tc supply missing details or correct inaccuracies.

Granted that our view of the two-fold direction of analysis is accurate, the question immediately arises : What is the relation of one method to the other ? When, for example, should we commence analysis from below and how long should it be continued ? To these questions

[30] Freud, *Das Ich und das Es*, p. 23.

no precise answer can be returned. Hence analysis from above should be regarded, now as before, as the classical method, not only from the point of view of scientific comprehensibility but in that it conforms to the necessity for precise technical formulations. Nevertheless I think the case-material I have brought forward, in particular the descriptions of urethro-anal and genital regulation, at least show us how active technique can promote non-active procedure. Moreover, I believe that our brief theoretical discussion has helped us to understand the rationale of the method. For the sake of completeness in presentation I should like now to put forward some of the ideas which have forced themselves on me during application of the technique.

So long as the existing inner tensions suffice to bring out the material which is essential for analytic progress, there is no necessity to increase them artificially, and we can direct our whole attention to analytical dissection of the material spontaneously produced. The appropriate procedure has been described with some detail in Freud's papers on technique. When, however, at a certain stage of the analysis the patient makes himself at home, so to speak, further progress can only be attained by adopting a certain degree of activity which will lead once more to the unhampered production of spontaneous associations. Many analyses are greatly stimulated by this alternation of emotional and intellectual phases ; one cannot help comparing the process to one of driving tunnel-shafts, with this difference, that in analysis the work is carried out now from one end and now from the other.

With regard to the golden rule of activity, namely, privation, it is not advisable to accede at once to suggestions coming from the patient. Apart from the fact that one of course always first asks for associations to the suggested procedure, it is a good plan to advise the patient to abstain from such a course for the time being or indeed to recommend doing the reverse of what he has proposed. At any rate one is more likely to discover its psychic motivations in this way than if one permits the patient to follow his accustomed line of least resistance. Some patients try to find occasion for conflict in analysis, using a technique which has proved successful in their everyday life and it is striking to watch the effect of treating them in an indulgent manner. One brings about in this way a state of privation, since it is more difficult for them to discharge certain affects in the face of indulgent treatment. In contrast to this, certain sensitive types who have been accustomed to petting and who leave no stone unturned to gain expressions of affection from the analyst should be treated with a certain degree of strictness

or at least in a somewhat detached objective way. Of course it is obviously only feasible to go against the grain in this way when the patient's analytical attachment is sufficiently strong.

Generally speaking, it is a good plan to hold a watching brief for some time after the commencement of analysis, contenting oneself with study of the patient's reactions to the changing circumstances of his accustomed *milieu*. Gradually one commences to interpret and to offer analytic explanations, and still later, should the progress of analytic work demand it, one may occasionally lay down certain rules of conduct. These are directed in the first instance towards the patient's relationships with his family, friends, colleagues or superiors, then to the modification of personal habits and customs, particularly in regard to details of eating, sleeping, dressing and undressing, etc., and to his ways of physical gratification. Where patients are passionately fond of reading or engage in artistic pleasures, it is sometimes necessary to put a temporary ban on such pursuits. In certain instances one must remove the patient from his accustomed *milieu* for a longer or shorter period, although it is generally more advisable to end the analysis under the same external circumstances which the patient will encounter when he comes to exercise whatever fresh capacity for adaptation he has gained through treatment. Similarly with patients who come to analysis from a distance, it may be necessary to advise a temporary sojourn in their native surroundings in order to test the reaction of their newly-acquired mentality to the old environment.

The most difficult situation to handle technically is that of the transference, in which the decisive battle between physician and patient, or rather between health and disease, is played out. In such cases the analyst must preserve an attitude of unwearied patience in the face of aggressive impatience : here impassivity has the same effect as the most extreme ' activity '.[31] When for example the love-transference is of a specially stormy nature and the patient responds to the analyst's attitude of unruffled objectivity with icy reserve, it may require weeks, even months, of laborious ' working through ' to demonstrate that, in spite of the analyst's lack of response, the patient's positive feelings still exist in the unconscious. Recognition of this fact indicates marked analytic progress ; it also implies some modification in the character-development of the patient who at some time or other in childhood has

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[31] Cf. Ferenczi, ' Zur psychoanalytischen Technik ', *Zeitschrift*, Bd. V, 1919.

stuck in a phase of hate and sulkiness; transference-experiences of this kind lead more easily to the discovery and reconstruction of the associated infantile memories.[32]

Moreover, the privation rule can often help us to overcome a by no means trifling difficulty, viz. what attitude the analyst must observe when the patient gives expression to impulsive affection. So long as the patient is in a state of resistance, we must, as previously indicated, draw his attention to the presence of unconscious feelings of tenderness; actually these must be allowed a certain time and latitude in which to develop. But it is not possible simply to respond to the patient's desire for affectionate treatment or flattery, as is so often done in suggestion or hypnosis. In analysis, transference-love must be entirely one-sided, and as soon as the previously repressed emotions take the form of wishes, or even compulsions, privation must once more be imposed.

All that I have described as 'activity' refers only to the patient's actions and behaviour; he alone, therefore, is under certain circumstances active, not the analyst. Nevertheless it cannot be denied that in exceptional cases the analyst must employ the familiar educational instruments of friendliness and severity. Curiously enough, this is less frequently needed in cases of real neurosis than in actual psychopathic or psychotic cases; it is also more frequently indicated with persons who are treated for character abnormalities than with those suffering from neurotic or psychotic symptoms. The same may be said of the analysis of 'healthy' subjects. Character-analyses may prove almost as difficult as the analyses of psychoses. This is due to the fact that character-traits, which are accepted by the ego, resemble symptoms concerning which the patient has no insight; at any rate their treatment involves the patient's narcissism. Character-traits are, so to speak, secret psychoses; hence the paradox that sound people are more difficult to 'cure' than those suffering, for example, from transference-neuroses. In one instance a psychopathic patient with strong narcissism and a tendency to catatonic rigidity and mutism was freed from his tension when I allowed him to strike me. It is my belief that by so doing I forestalled some impulsive action, possibly a dangerous one. On another occasion I took the unavoidable and salutary course of permitting a psychopathic patient who suffered from exceedingly severe anxiety-attacks to display his undeveloped genitalia before me for medical examination.

[32] Cf. Ferenczi-Rank, 'Wiederholung der unerwiderten Œdipusliebe in der analytischen Situation', *Entwicklungsziele der Psychoanalyse*, 1924.

Using the terminology of ego-analysis, we may also describe our treatment in the following way: on some occasions it is a process whereby, using associative channels or by means of increased tensions, repressed *id*-excitations are brought to consciousness in the face of ego-resistances; at other times it is a process whereby over-strong *id*-impulses (often those excitations which are the first to be expressed) are prevented from obtaining discharge by the mobilization of more powerful ego-forces. The aim of analysis is the development of a personality with powerful instinctual trends but at the same time with great capacity for controlling them. We might say that a successfully educated or analysed individual is one who does not repress his desires but at the same time does not become their slave.

As to the forms of neurosis in which increase of tension or habit-frustration is indicated, it is difficult to lay down a general rule. In hysteria we encounter quite open and spontaneous expression of emotional and physical signs of stimulation, hence there is no necessity for artificial stimulation; even so, we can by suitable means hasten the displacement of this stimulation back to the genital organ. The obsessional neurotic, as is his wont, endeavours to shift the entire analysis on to an intellectual plane and tries to subvert the association method for purposes of obsessive brooding. Practically no obsessional case can be cured until his conflict has been displaced to the emotional level (usually by dint of activity), i.e. until the case has been temporarily metamorphosed into hysteria. In one instance a border-line case of schizophrenia, with visual hallucinations, was treated by extremely active analysis and exhibited the following modification of the clinical picture: a doubting mania, which had been in evidence prior to the psychosis, now took the place of the paraphrenic symptoms. Later on a series of conversion-symptoms appeared, followed by signs of anxiety-hysteria (typical phobias). For the first time at this stage analytic investigation of the libidinal basis of his illness became possible. I formed the impression that his disease gradually retreated before the analytic reconstruction, rallying, however, at each fixation-point in order to oppose treatment with fortified resistances. These and many other similar observations have convinced me that 'analysis from below' is not merely an analytic accessory but advances our theoretical understanding. On many occasions it lays bare the structure of neurosis and gives us some idea of that phenomenon which I would characterize as 'oscillation in regard to the election of neurosis'.

VII. *The Process of Weaning from Psycho-Analysis*

Freud has taught us that in course of treatment analysis itself becomes a habit, indeed a symptomatic state or variety of neurosis which must itself be treated in due course. Up to the present, however, he has not communicated very much as to the exact nature of this treatment. One gathers that this form of ' illness ' heals very slowly indeed when left to itself. If external reality does not press quite exceptionally hard, the patient has no inducement to bring to an end the analytic situation, which is in many ways pleasurable to him. In spite of the fact that treatment consists of a long-drawn-out series of abstinences and privations, injunctions and prohibitions, nevertheless, it offers the patient through the transference-situation a new edition of his happy childhood. Indeed it does more : the new edition is more attractive than the old one. Analysis enters into the emotional and mental life of the patient in a more delicate, friendly and above all in a more understanding way than was ever possible during the original up-bringing. This may have been the reason why Freud, in a case which he has described to us in detail, set a time-limit by which the analysis should terminate.[33] The reaction to this very active procedure was one of extreme violence and itself contributed much towards the solution of the patient's highly complicated infantile history. In Rank's opinion, which I have myself corroborated,[34] this ' period of weaning ' is one of the most important and significant throughout the analysis. I would reiterate here that the advantages to be gained by this manœuvre if it is applied at the appropriate moment are very great. In order to distinguish between this kind of weaning and the methods I had previously adopted, I must have recourse to the simile used by Freud which he took from chess. Formerly I waited until the patient gave up and retired from the game as hopeless ; move and counter-move went on until some external experience or other made it easier for the patient to face external reality. Setting a time-limit to analysis is to be regarded on the other hand as a final challenge, a sort of checkmate which the patient has to face when all other avenues of retreat are closed except that of becoming well.

Now this is all very specious, but before this procedure can be generally applied an answer must be found for a number of very difficult questions which immediately arise. Are there unequivocal signs that a patient is ready for weaning, and if so what are these

[33] ' The History of an Infantile Neurosis ', *Collected Papers*, Vol. III.

[34] Ferenczi-Rank, *Entwicklungsziele der Psychoanalyse*, 1924.

signs ? What is to be done should a mistake have been made and the patients, instead of recovering when notice is given, take advantage of some unobserved position and relapse ? Can one in fact give notice to all cases without exception ?

Even the first of these questions cannot be answered satisfactorily. One can only say that obviously the physician must first of all have complete insight into the structure of the disease and must have reduced the symptoms to a comprehensible unity. But the patient, too, must have worked through the various connections intellectually and must have arrived at the stage where transference-resistances alone prevent conviction. We may regard it as a delicate hint, so to speak, of returning health when, as mentioned above, the patient becomes positive that he has never been ill at all, that the whole condition was entirely ' put on ', etc. If we take him at his word and suggest in a quite friendly manner that he will need only a few more weeks' analysis, he will of course take fright and pretend that he was only joking. He will also, so far as that is possible, have a slight symptomatic relapse. If we are not misled by such tactics and stick to the stipulated term of notice, our attempt to bring about analytical separation will in many instances, though not invariably, be crowned with success.

As we have already said, the technique of giving notice is not free from possibilities of error, and the consequences of any blunder may be distinctly unpleasant. Above all, one tends to forfeit the patient's confidence and to spoil his reaction to any subsequent imposition of a time-limit. In such circumstances our only course is to acknowledge the blunder, the more so that analysts are under no necessity to preserve a reputation for medical infallibility. When the end of analysis is determined by external circumstances, we are spared the necessity (and with it the associated difficulties) of giving notice. But wherever possible we should not be guided by the external conditions ; nor should we allow them to determine the end of analysis, since the patient often uses reality for purposes of resistance. Under no circumstances should we agree to a termination of treatment which is dictated to us by the patient ; on the contrary, we should counter his impetuosity by patiently carrying analysis to its conclusion. Dictation of this sort will become more frequent and will more often figure as resistance when the existence of a ' time-limit rule ' becomes more widely known.[35]

[35] This form of resistance is inevitable in training-analyses, where the analysand usually has knowledge of all the technical expedients before he begins his own analysis.

In some cases it is necessary to drop a timely hint of a possible termination of analysis before actually giving notice; even this may give rise to massive reactions, thereby abating the vigour of later reaction when definite notice is given. We might describe this method as one of double proclamation (the period suggested is usually some weeks, in certain instances two to three months).

When I review my experience with this termination-technique, which I have practised since the autumn of 1922, I can only reaffirm my opinion that for many cases it constitutes an effective means of hastening separation from the analyst. I must, however, abandon the view I held, in common with Rank, that the method is universally applicable. On several occasions I have found myself compelled to recommence treatment of patients who have been discharged apparently cured, in order to clear up certain unresolved material. Naturally I took care in such circumstances not to repeat the notice, but waited until the impossibility of obtaining real gratification through the analytic situation, together with the attraction of external reality, overcame a transference-relation the value of which was gradually depreciating.

Towards the end, occasionally even in the middle of treatment, dreams and transitory symptoms appear which prove on analysis to be birth-phantasies in Rank's sense of the term.[36] I had the impression that, as Rank has emphasized, analysis is advanced technically by re-experience of the birth-situation in transference, but I could not get accurate confirmation of this impression. Nevertheless, we are indebted to Rank for calling our attention to birth-phantasies: in common with intra-uterine phantasies, they certainly deserve consideration. It is not yet clear whether they are, as Rank suggests, only reminiscences of the birth-trauma or whether, as I am inclined to think, they represent a regression in phantasy from the Œdipus-conflict to the birth-experience; the latter having been already overcome is, relatively speaking, the less painful of the two.

Finally we must take to heart Freud's admonition concerning the end of treatment, viz. that it is no part of an analyst's ambition to force his own ideals on the patient. When it becomes apparent that the latter's ego can subordinate his desires (the *id*) to the requirements of his super-ego and to the necessities of reality, it is time for him to be independent. His further education may be left to fate.

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[36] Rank, *Das Trauma der Geburt*, 1924.

The author is aware that in the present communication the principle of increasing inner tension through privation has been advanced in a rather one-sided way. Practically no notice has been taken of the principle of indulgence, although there can be no doubt that this form of mental influence, which is so widely employed in general medicine, must also on occasion be used in analysis. In his opinion the most important form of indulgence consists in temporary or permanent freedom from certain privation-exercises.

THE PSYCHOLOGY OF WOMEN IN RELATION TO THE FUNCTIONS OF REPRODUCTION [1]

BY

HELENE DEUTSCH

VIENNA

Psycho-analytic research discovered at the very outset that the development of the infantile libido to the normal heterosexual object-choice is in women rendered difficult by certain peculiar circumstances.

In males the path of this development is straightforward, and the advance from the ' phallic ' phase does not take place in consequence of a complicated ' wave of repression ', but is based upon a ratification of that which already exists and is accomplished through ready and willing utilization of an already urgent force. The essence of the achievement lies in the mastery of the Œdipus attitude which it connotes, and in overcoming the feelings of guilt bound up with this.

The girl, on the other hand, has in addition to this a two-fold task to perform : (1) she has to renounce the masculinity attaching to the clitoris ; (2) in her transition from the ' phallic ' to the ' vaginal ' phase she has to discover a new genital organ.

The man attains his final stage of development when he discovers the vagina in the world outside himself and possesses himself of it sadistically. In this his guide is his own genital organ, with which he is already familiar and which impels him to the act of possession.

The woman has to discover this new sexual organ *in her own person*, a discovery which she makes through being masochistically subjugated by the penis, the latter thus becoming the guide to this fresh source of pleasure.

The final phase of attaining to a definitively feminine attitude is not gratification through the sexual act of the infantile desire for a penis, but full realization of the vagina as an organ of pleasure—an exchange of the desire for a penis for the real and equally valuable possession of a vagina. This newly-discovered organ must become for the woman ' the whole ego in miniature ', a ' duplication of the ego ', as Ferenczi [2] terms it when speaking of the value of the penis to the man.

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[1] Read before the Eighth International Psycho-Analytical Congress, Salzburg, April, 1924.

[2] Ferenczi, *Versuch einer Genitaltheorie* (Internationale Psychoanalytische Bibliothek, Band XV, 1924).

In the following paper I shall try to set forth how this change in the valuation of a person's own genital organ takes place and what relation it bears to the function of reproduction in women.

We know how the different organizations of libido succeed one another and how each successive phase carries with it elements of the previous ones, so that no phase seems to have been completely surmounted but merely to have relinquished its central rôle. Along each of these communicating lines of development the libido belonging to the higher stages tends regressively to revert to its original condition, and succeeds in so doing in various ways.

The consequence of this oscillation of libido between the different forms taken by it in development is not only that the higher phases contain elements of the lower ones, but, conversely, that the libido on its path of regression carries with it constituents of the higher phases which it interweaves with the earlier ones, a process which we recognize subsequently in phantasy-formation and symptoms.

Thus the first or oral phase is auto-erotic, that is to say, it has no object either narcissistically, in the ego, or in the outside world. And yet we know that the process of weaning leaves in the Ucs [3] traces of a narcissistic wound. This is because the mother's breast is regarded as a part of the subject's own body and, like the penis later, is cathected with large quantities of narcissistic libido. Similarly, the oral gratification derived from the act of sucking leads to discovering the mother and to finding the first object in her.

The mysterious, heterosexual part of the little girl's libido finds its first explanation already in the earliest phase of development. To the tender love which she devotes to her father (' the sheltering male ') as the nearest love-object side by side with the mother is added a large part of that sexual libido which, originating in the oral zone, in the first instance cathected the maternal breasts. Analysis of patients shows us that in a certain phase of development the Ucs equates the paternal penis with the maternal breast as an organ of suckling. This equation coincides with the conception of coitus (characteristic of this phase) as a relation between the mouth of the mother and the penis of the father and is extended into the theory of oral impregnation. The passive aim of this phase is achieved through the mucous membrane of the mouth zone, while the active organ of pleasure is the breast.

[3] [This has been adopted as the English rendering of *Ubw*, Pcs as that of *Vbw*, Cs as that of *Bw*, and Pcpt-Cs (perception-consciousness) as that of *W-Bw*.—Ed.]

In the sadistic-anal phase the penis loses its significance (for phantasy-life) as an organ of suckling and becomes an organ of mastering. Coitus is conceived of as a sadistic act ; in phantasies of beating, as we know, the girl either takes over the rôle of the father, or experiences the act masochistically in identification with the mother.

In this phase the passive aim is achieved through the anus, while the column of fæces becomes the active organ of pleasure, which, like the breast in the first phase, belongs at one and the same time to the outside world and to the subject's own body. By a displacement of cathexis the fæces here acquire the same narcissistic value as the breast in the oral phase. The birth-phantasy of this phase is that of the ' anal child '.

We are familiar with the biological analogy between the anus and the mouth ; that between the breast and the penis as active organs arises from their analogous functions.

One would suppose it an easy task for feminine libido in its further development to pass on and take possession of the third opening of the female body—the vagina. Biologically, in the development of the embryo, the common origin of anus and vagina in the cloaca has already fore-shadowed this step. The penis as an organ of stimulation and the active agent for this new erotogenic zone perhaps attains its function by means of the equation : breast — column of fæces — penis.

The difficulty lies in the fact that the bisexual character of development interposes between anus and vagina the masculine clitoris as an erotogenic zone. In the ' phallic ' phase of development the clitoris attracts to itself a large measure of libido, which it relinquishes in favour of the ' feminine ' vagina only after strenuous and not always decisive struggles. Obviously, this transition from the ' phallic ' to the ' vaginal ' phase (which later coincides with what Abraham [4] terms the ' postambivalent ') must be recognized as the hardest task in the libidinal development of the woman.

The penis is already in the early infantile period discovered auto-erotically. Moreover, its exposed position makes it liable to stimulation in various ways connected with the care of the baby's body, and thus it becomes an erotogenic zone before it is ready to fulfil its reproductive function. All three masturbatory phases are dominated by this organ.

The clitoris (which is in reality so inadequate a substitute for the penis) assumes the importance of the latter throughout the whole

[4] Abraham, *Versuch einer Entwicklungsgeschichte der Libido* (Neue Arbeiten zur Aerztlichen Psychoanalyse, 1924).

period of development. The hidden vagina plays no part. The child is unaware of its existence, possibly has mere vague premonitions of it. Every attempt to pacify the little girl's envy of the penis with the explanation that she also has ' something ' is rightly doomed to complete failure ; for the possession of something which one neither sees nor feels cannot give any satisfaction. Nevertheless, as a zone of active energy the clitoris lacks the abundant energy of the penis ; even in the most intense masturbatory activity it cannot arrogate to itself such a measure of libido as does the latter organ. Accordingly the primal distribution of libido over the erotogenic zones is subject to far less modification than in the male, and the female, owing to the lesser tyranny of the clitoris, may all her life remain more ' *polymorph-pervers* ', more infantile ; to her more than to the male ' the whole body is a sexual organ '. In the wave of development occurring at puberty this erotogenicity of the whole body increases, for the libido which is forced away from the clitoris (presumably by way of the inner secretions) flows back to the body as a whole. This must be of importance in the later destiny of the woman, because in this way she is regressively set back into a state in which, as Ferenczi [5] shows, she ' cleaves to intra-uterine existence ' in sexual things.

In ' transformations which take place at puberty ' (and during the subsequent period of adolescence) libido has therefore to flow towards the vagina from two sources : (1) from the whole body, especially from those erotogenic zones that have the most powerful cathexis, (2) from the clitoris, which has still to some extent retained its libidinal cathexis.

The difficulty lies in the fact that the clitoris is not at all ready to renounce its rôle, that the conflict at puberty is associated with the traumatic occurrence of menstruation ; and this not only revives the castration-wound but at the same time represents, both in the biological and the psychological sense, the disappointment of a frustrated pregnancy. The periodic repetition of menstruation every time recalls the conflicts of puberty and reproduces them in a less acute form.

At the same time there is no doubt that the whole process of menstruation is calculated to exercise an eroticizing and preparatory influence upon the vagina.

The task of conducting the libido to the vagina from the two sources which I have mentioned devolves upon the activity of the penis, and that in two ways.

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[5] Loc. cit.

First, libido must be drawn from the whole body. Here we have a perfect analogy to the woman's breast, which actively takes possession of the infant's mouth and so centres the libido of the whole body in this organ. Just so does the vagina, under the stimulus of the penis and by a process of displacement 'from above downwards', take over the passive rôle of the sucking mouth in the equation: penis—breast. This oral, sucking activity of the vagina is indicated by its whole anatomical structure (with their corresponding terms).

The second operation accomplished by the penis is the carrying-over of the remaining clitoris-libido to the vagina. This part of the libido still takes a 'male' direction, even when absorbed by the vagina; that is to say, the clitoris renounces its male function in favour of the penis that approaches the body from without.

As the clitoris formerly played its 'masculine' part by identification with the paternal penis, so the vagina takes over its rôle (that of the clitoris) by allowing one part of its functions to be dominated by an identification with the penis of the partner.

In certain respects the orgastic activity of the vagina is wholly analogous to the activity of the penis. I refer to the processes of secretion and contraction. As in the man, we have here an 'amphimixis' of urethral and anal tendencies—of course greatly diminished in degree. Both these component-instincts develop their full activity only in that 'extension' of the sexual act, pregnancy and parturition.

We see then that one of the vaginal functions arises through identification with the penis, which in this connection is regarded as a possession of the subject's own body. Here the psychic significance of the sexual act lies in the repetition and mastery of the castration-trauma.

The truly passive, feminine attitude of the vagina is based upon the oral, sucking activity discussed above.

In this function coitus signifies for the woman a restoring of that first relation of the human being with the outside world, in which the object is orally incorporated, introjected; that is to say, it restores that condition of perfect unity of being and harmony in which the distinction between subject and object was annulled. Thus the attainment of the highest, genital, 'post-ambivalent' (Abraham) phase signifies a repetition of the earliest, pre-ambivalent phase.

In relation to the partner the situation of incorporating is a repetition of sucking at the mother's breast; hence incorporation amounts to a repetition and mastery of the trauma of weaning. In the equation penis—breast, and in the sucking activity of the vagina, coitus

realizes the fulfilment of the phantasy of sucking at the paternal penis.

The identifications established between the two partners in the preparatory act (Ferenczi) now acquire a manifold significance, identification with the mother taking place in two ways: (1) through equating the penis with the breast, (2) through experiencing the sexual act masochistically, i.e. through repeating that identification with the mother which belongs to the phase of a sadistic conception of coitus.

Through this identification, then, the woman plays in coitus the part of mother and child simultaneously—a relation which is continued in pregnancy, when one actually is both mother and child at the same time.

As the object of maternal libido in the act of suckling, the partner therefore becomes the child, but at the same time the libido originally directed towards the father must be transferred to the partner (according to the equation: penis—organ of suckling and to the conception of coitus as a sadistic act of mastery). This shows us that ultimately coitus represents for the woman incorporation (by the mouth) of the father, who is made into the child and then retains this rôle in the pregnancy which occurs actually or in phantasy.

I arrived at this identification-series, which is complicated and may seem far-fetched, as a result of all the experience which I have had of cases of frigidity and sterility.

Ferenczi's 'maternal regression' is realized for the woman in equating coitus with the situation of sucking. The last act of this regression (return into the uterus), which the man accomplishes by the act of introjection in coitus, is realized by the woman in pregnancy in the complete identification between mother and child. In my opinion the mastery of 'the trauma of birth', which Rank [6] has shown to be so important, is accomplished by the woman above all in the actively repeated act of parturition, for to the Ucs carrying and being carried, giving birth and being born, are as identical as giving suck and sucking.

This conception of coitus reflects the whole psychological difference displayed by men and women in their relation to the object-world. The man actively takes possession of some piece of the world and in this way attains to the bliss of the primal state. And this is the form taken by his tendencies to sublimation. In the act of incorporation

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[6] Rank, *Das Trauma der Geburt* (Internationale Psychoanalytische Bibliothek, Bd. XIV, 1924).

passively experienced the women introjects into herself a piece of the object-world which she then absorbs.

In its rôle of organ of sucking and incorporation the vagina becomes the receptacle not of the penis but of the child. The energy required for this function is derived not from the clitoris, but, as I said before, from the libidinal cathexis of the whole body, this libido being conducted to the vagina by channels familiar to us. The vagina now itself represents the child, and so receives that cathexis of narcissistic libido which flows on to the child in the ' extension ' of the sexual act. It becomes the ' second ego ', the ego in miniature, as does the penis for the man. A woman who succeeds in establishing this maternal function of the vagina by giving up the claim of the clitoris to represent the penis has reached the goal of feminine development, *has become a woman*.

In men the function of reproduction terminates with the act of introjection, for with them that function coincides with the relief from sexual tension by ejaculation.

Women have to perform in two phases the function which men accomplish in a single act ; nevertheless the first act of incorporation contains elements which indicate the tendency to get rid of the germ-plasm by expulsion, as is done by the male in coitus. Orgasm in the woman appears not only to imply identification with the man but to have yet another motive ; it is the expression of the attempt to impart to coitus itself in the interest of the race the character of parturition (we might call it a ' missed labour '). In animals the process of expulsion of the products of reproduction very often takes place during the sexual act in the female as well as in the male.

In the human female this process is not carried through, though it is obviously indicated and begun in the orgastic function ; it terminates only in the second act, that of parturition. The process therefore is a *single* one, which is merely divided into two phases by an interval of time. As the first act contains (in orgasm) elements of the second, so the second is permeated by the pleasure-mechanisms of the first. I even assume that the act of parturition contains the acme of sexual pleasure owing to the relief from stimulation by the germ-plasm. If this be so, parturition is a process of ' autotomy ' analogous to ejaculation (Ferenczi), requiring, however, the powerful stimulus of the matured fœtus in order that it may function. This reverses the view which Groddeck first had the courage to put forward, at the Hague Congress, that parturition is associated with pleasure owing to its analogy with coitus. It would rather seem that coitus acquires the

character of a pleasurable act mainly through the fact that it constitutes an attempt at and beginning of parturition. In support of my view I would cite the following considerations.

Freud [7] has told us that the sadistic instincts of destruction reach their fullest development when the erotic sexual instincts are put out of action. This happens after their tension has been relieved in the act of gratification. The death-instinct has then a free hand and can carry through its claims undisturbed. A classical instance of this is furnished by those lower animals in which the sexual act leads to death.

This applies to the fertilizing male, but repeats itself *mutatis mutandis* in the female also, when the fertilized ovum is expelled after a longer or shorter interval during which it has matured in the maternal body. There are many species of animals, e.g. certain spiders, in which the females perish when they have fulfilled the function of reproduction. If the liberation of the death-instinct is a consequence of the gratification of sexual trends, it is only logical to assume that this gratification reaches its highest point in the female only in the act of parturition.

In actual fact parturition is for the woman an orgy of masochistic pleasure, and the dread and premonition of death which precede this act are clearly due to a perception of the menace of the destructive instincts about to be liberated.

Conditions of insanity sometimes met with after delivery are characterized by a specially strong tendency to suicide and murderous impulses towards the newly-born child.

These facts in my opinion confirm my assumption that parturition constitutes for women the termination of the sexual act, which was only inaugurated by coitus, and that the ultimate gratification of the erotic instinct is analogous to that in men and takes place at the moment when soma and germ-plasm are separated.

The interval in time between the two acts is filled by complicated processes in the economy of the libido.

The object incorporated in coitus is introjected physically and psychically, finds its extension in the child, and persists in the mother as a part of her ego.

Thus we see that the mother's relation to the ' child ' as a libidinal object is two-fold : on the one hand it is worked out within the ego in the interaction of its different parts ; on the other hand it is the extension of all those object-relations which the child embodies in our

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[7] Freud, *Das Ich und das Es*.

identification-series. For even while the child is still in the uterus its relation to the mother is partly that of an object belonging to the outside world, such as it ultimately becomes.

The libido which in the act of incorporation has regressed to the earliest stage of development seeks out all the positions which it had abandoned, and the harmonious state of identity between subject and object does not always remain so harmonious in relation to the child as object.

The ambivalent tendencies of later phases of development, which have already manifested themselves in coitus, become stronger during pregnancy. The ambivalent conflict which belongs to the ' later oral phase of development ' finds expression in the tendency to expel again (orally) the object which has been incorporated.

This manifests itself in vomiting during pregnancy and in the typical eructations and peculiar cravings for food, etc.

The regressive elements of the sadistic-anal phase find expression in the hostile tendencies to expulsion manifested in the pains which appear long before delivery. If these predominate over the tendencies to retain the fœtus, the result is miscarriage. We recognize these elements again in the transitory, typically anal, changes in the character of pregnant women. The old equation, child—fæces, is in this phase revived in the Ucs, owing to the child's position in the body as something belonging to that body and yet destined to be severed from it.

In the oral incorporation a quantity of narcissistic libido has already flowed to the child as a part of the subject's own ego. Similarly the libidinal relation in the identification, child—fæces, is again a narcissistic one.

But as fæces become for children, in reaction against their original narcissistic overestimation of them, the essence of what is disgusting, so in this phase of pregnancy there arise typical feelings of disgust, which become displaced from the child to particular kinds of food, situations, etc.

It is interesting that all these sensations disappear in the fifth month of pregnancy with the quickening of the child. The mother's relation to it is now determined in two directions. In the first place that part of her own body which is moving to and fro and vigorously pulsing within her is equated with the penis ; and her relation to the child, which is still rooted in the depths of her narcissism, is now raised to a higher stage of development, namely, the ' phallic '. At the same time the child gives proof through a certain developing independence that it

belongs to the outside world and in this way enters more into an object-relation to the mother.

I have tried thus briefly to reveal in the state of pregnancy deposits of all the phases of development. I shall now return to the mother-child relation that I mentioned before, which begins with the process of incorporation, makes the child a part of the subject's own ego and works itself out within that ego.

In this process the libidinal relations to the child are formed as follows: in the process of introjection the quantities of libido sent out to the partner in the sexual act flow back to the subject's narcissism. This is a very considerable contribution, for, as I have shown, in effecting a cathexis of the partner libido was drawn from the old father-fixation *and* mother-fixation.

The libido thus flowing into the ego constitutes the secondary narcissism of the woman as a mother, for, though it is devoted to the object (the child), that object represents at the same time a part of her ego. The change in the ego of the pregnant woman which follows on the process of introjection is a new edition of a process which has already taken place at a previous time: the child becomes for her the incarnation of the ego-ideal which she set up in the past. It is now for the second time built up by introjecting the father.

The narcissistic libido is displaced on to this newly erected super-ego, which becomes the bearer of all those perfections once ascribed to the father. A whole quanity of object-libido is withdrawn from its relations to the outside world and conducted to the child as the super-ego. Thus the process of sublimation in the woman is effected through her relation to her child.

The man measures and controls his ego-ideal by his productions through sublimation in the outside world. To the woman, on the other hand, the ego-ideal is embodied in the child, and all those tendencies to sublimation which the man utilizes in intellectual and social activity she directs to the child, which in the psychological sense represents for the woman her sublimation product. Hence the relation, mother-child, in pregnancy has more than one determinant. Since the child in the uterus becomes a part of the ego and large quantities of libido flow to it, the libidinal cathexis in the ego is heightened, narcissism is increased, and that primal condition is realized in which there was as yet no distinction between ego-libido and object-libido.

This primal condition, however, is disturbed by two factors: (1) by a process of sublimation the child becomes the super-ego, and our

experience in other directions teaches us that this may enter into vigorous opposition to the ego; (2) the child is at the same time an object belonging to the outside world, in relation to which the ambivalent conflicts of all phases of libidinal development are stirred up.

Our observations enable us to distinguish two characteristic types of women according to their mental reactions to pregnancy. There are a number of women who endure their pregnancy with visible discomfort and depression. A similar unfavourable change takes place in their bodily appearance: they become ugly and shrunken, so that as the child matures they actually change into a mere appendage to it, a condition highly uncomfortable for themselves. The other type consists of those women who attain during pregnancy their greatest physical and psychical bloom.

In the first case the woman's narcissism has been sacrificed to the child. On the one hand the super-ego has mastered the ego, and on the other the child as a love-object has attracted to itself such a large measure of ego-libido that the ego is impoverished. Possibly this explains those states of melancholia which occur during pregnancy.

In the other type of woman the distribution of libido during pregnancy is different. That part of the libido which has now been withdrawn from the outside world is directed towards the child as a part of the ego. This can happen only when the formation of the super-ego is less powerful and the child is regarded less as an object and more as a part of the ego. When this is so the result is a heightening of the secondary narcissism, which is expressed in an increased self-respect, self-satisfaction, etc.

It seems as though we may conclude from these remarks that that unity, mother—child, is not so completely untroubled as we might suppose.

The original harmony of the primal state, inaugurated in the process of introjection during the sexual act, is soon disturbed by manifestations of ambivalence towards the child in the uterus. From this point of view parturition appears as the final result of a struggle which has long been raging. The stimulus which proceeds from the fœtus becomes insupportable and presses for discharge. Every hostile impulse which has already been mobilized during pregnancy reaches its greatest intensity in this decisive battle. Finally the incorporated object is successfully expelled into the outside world.

We have seen that the introjected object takes the place of the ego-ideal in the restored unity of the ego. When projected into the

outside world it retains this character, for it continues to embody the subject's own unattained ideals. This is the psychological path by which, as Freud [8] recognized, women attain from narcissism to full object-love.

The final ' maternal regression ' takes place in pregnancy through identification with the child : ' the trauma of birth ' is mastered through the act of parturition.

Having regard to this identity of mother and child, we may perhaps draw certain conclusions from the mother's frame of mind as to the mental condition of the child. This of course undergoes amnesia, and then is only vaguely hinted at in dreams, phantasies, etc.

In actual fact the woman feels as though the world were out of joint and coming to an end ; she has a sense of chaotic uneasiness, a straining, bursting sensation displaced from the avenues of birth to her head, and with these feelings is associated an intense dread of death. Possibly here we have a complete repetition of the anxiety attaching to the trauma of birth and a discharge of it by means of actual reproduction. That which men endeavour to attain in coitus and which impels them to laborious sublimations women attain in the function of reproduction.

It is known that in the dreams of pregnant women there very often appears a swimming child. This child may always be recognized as the dreamer herself, endowed with some quality which makes her, or in childhood made her, particularly estimable in her own eyes—it is as it were an illustration of the formation of the ego-ideal in relation to the child. The birth-phantasies of women who are already mothers prove on thorough investigation to represent details of two separate births interwoven into one : the birth of the subject herself (never recalled to memory) and the delivery of a child.

The mental state of the woman after delivery is characterized by a feeling of heavy loss. After a short phase in which the sense of victorious termination of the battle preponderates, there arises a feeling of boundless emptiness and disappointment, certainly analogous to the feeling of a ' lost Paradise ' in the child which has been expelled.

This blank is filled only when the first relation to the child as an object in the outside world is ultimately established. The supposition that this relation is already present during the act of delivery itself is borne out by the observation which Rank [9] has already made in another connection, namely, that mothers who are in a state of narcosis during

[8] Freud, ' On Narcissism : an Introduction ', *Collected Papers*, Vol. IV.

[9] Loc. cit.

delivery have a peculiar feeling of estrangement towards their children. These mothers do not go through the phase of emptiness and disappointment, but on the other hand their joy in the child is not so intense as when delivery has taken place naturally. The child which is perceived by their senses is regarded as something alien.

This factor of loss clearly contributes to the joy of finding the child again. Apart from this, it is precisely this last factor of 'severance' which completes the analogy with coitus. The vaginal passage constitutes a frontier where the child is for the last time a part of the subject's own body and at the same time is already the object which has been thrust out. Here we have a repetition of the coitus-situation, in which the object was still felt to be a piece of the outside world but, being introjected, was on the border-line between the outside world and the ego.

Although the child has been hailed after delivery as an object belonging to the outside world, the bliss of the primal state, the unity of subject and object, is nevertheless re-established in lactation. This is a repetition of coitus, rendered with photographic faithfulness, the identification being based on the oral incorporation of the object in the act of sucking. Here again we have the equation: penis = breast. As in the first instance the penis took possession of one of the openings of the woman's body (the vagina), and in the act of mastery created an erotogenic centre, so now the nipple in a state of erection takes possession of the infant's mouth. As in coitus the erotogenicity of the whole body was attracted to the vagina, so here the whole disseminated libido of the newly-born infant is concentrated in the mouth. That which the semen accomplished in the one instance is accomplished in the other by the jet of milk. The identification made in childish phantasy between the mother's breast and the father's penis is realized a second time: in coitus the penis takes on the rôle of the breast, while in lactation the breast becomes the penis. In the identification-situation the dividing line between the partners vanishes, and in this relation, mother—child, the mother once more annuls the trauma of weaning.

The identification, penis—breast, threw light on a remarkable disturbance in lactation which I had the opportunity of observing analytically. A young mother with a very ambivalent attitude towards her child was obliged to give up suckling it, although she wished to continue and her breasts were functioning excellently. But what happened was that in the interval between the child's meals the

milk poured out in a stream, so that the breast was empty when she wished to give it to the child. The measures she took to overcome this unfortunate condition recalled the behaviour of men suffering from ejaculatio præcox, who convulsively endeavour to hasten the sexual act but are always overtaken by their infirmity. In the same way this woman tried to hasten the feeding of the child, but with the same ill success—it was always too late. The analysis of this disturbance was traced to a urethral source in her, as in ejaculatio præcox in the man. In a disturbance of lactation more frequently met with, namely, the drying up of the secretion, the other (anal) components of the process undoubtedly predominate.

The relation between the genital processes and lactation finds very characteristic expression at the moment when the child is put to the breast. Sometimes there is even a convulsion in the uterus, as though it were terminating its activity only now when it resigns it to the breast.

So the act of reproduction, begun in oral incorporation, completes the circle by representing the same situation at the end as at the beginning.

The whole development of the libido is rapidly revived and run through once more, the effect of the primal traumata is diminished by repetitive acts, and the work of sublimation is accomplished in relation to the child. But for the bisexual disposition of the human being, which is so adverse to the woman, but for the clitoris with its masculine strivings, how simple and clear would be her way to an untroubled mastering of existence!

SOME REMARKS ON ORAL EROTISM [1]

BY

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It is not the purpose of the following paper to bring forward new discoveries but to report a case-history in its proper psycho-analytical bearing.

During the analysis of the case I have to report, oral desires came to form the central point of the patient's phantasies ; when these were made conscious the symptoms, which consisted in vomiting, were cured. It has been shown by Freud in his *Three Contributions to the Theory of Sexuality* that vomiting may be connected with the auto-erotism of the mouth zone ; speaking of erotogenicity of the lips which is constitutionally reinforced, he says, ' the children who retain this idiosyncrasy grow up to be connoisseurs in the art of kissing and incline to perverse forms of kissing, or if they are men show a strong disposition towards pleasure in smoking and drinking. If repression supervenes, however, the idea of eating causes nausea and hysterical vomiting results. The double function of the lip zone causes the repression to spread to the nutritional instinct.'

My patient fell ill with libidinal impulses which originated in the oral zone, were unconscious, and as a result of repression manifested themselves as vomiting. I will first give a short anamnesis, following this by the material brought up in analysis, and finally make an attempt at synthesis.

The patient was a woman of twenty-five, a medical student. She suffered from a stomach complaint, with vomiting as a symptom. This had been thought to be a case of gastric ulcer. A physician had treated her unsuccessfully with atropine and arsenical injections. Then on account of the lack of organic symptoms and negative result of an X-ray examination she was diagnosed as a case of ' gastric neurosis ' and the treatment was abandoned.

When the patient came for analysis she complained, in addition to vomiting, of lack of appetite, headaches, cramps during menstruation and frequent lateness of the menses. At that time she had already commenced sexual relations with a young man whom she had met about a year before.

[1] Read before the Vienna Psycho-Analytical Society, May 16, 1923.

When her relationship to him had gradually become more intimate and finally led to sexual intercourse the patient had proved to be frigid and had reacted to the act with violent vomiting. She had been unable to retain any food, either solid or liquid, and vomiting had taken place at all times of the day, accompanied by considerable secretions of saliva. Even before these events digital masturbation carried out by her friend had led to the most violent and senseless fears of pregnancy. She consulted a gynæcologist, who put her mind at rest and recommended sexual intercourse.

The patient came from a lower middle class family and was the youngest child of three, all living. Among her earliest recollections was a voyage to America where the family emigrated, but from where she had returned after a short stay. She had a vivid recollection of her sister, six years older than herself, falling down the companion-way of the steamer and hurting herself. This recollection, alleged to be the earliest she had, related to her second or third year. The straitened circumstances in which her childhood had been passed had been a strong incentive to her to work her way up in the world ; she had been particularly impelled in this direction by a sense of rivalry with a brother who was more favoured by the family. He had been sent to a High School, with a view to going on to the University, and it was obvious that the patient had desired intensely to have the same career. In spite of all difficulties in the way, which were enormously aggravated by the war, she had passed her final examination at the High School and become a medical student. She had maintained her interest in her work with undiminished zeal, until sexuality crossed her path and induced her neurotic conflicts. It must be mentioned that in her early youth an inflammation of the eyes had caused the loss of one eye. Later on a very unfortunate cosmetic treatment had led to an enucleation, in consequence of which she wore a glass eye. The patient showed marked intelligence and understanding in the course of her analytic treatment.

The treatment led straight to the contemporary conflicts arising out of her sexual relationship with her friend. She was in constant fear of becoming pregnant, this fear revealing itself as a repressed wish for a child.

Her longing for a child is shown in the following dream : ' My friend's coat was hanging on the wall of my room ; when I took it down I noticed that bugs crawled out of it.' The interpretation showed that this represented having children by her friend.

When visiting the maternity hospital she always felt uncomfortable ; she felt sick and giddy and often had to leave the lecture-room.

A rather weak and delayed menstrual period was the occasion of the following dream : ' I was lying down and was pregnant ; I could feel the child through the wall of the abdomen, and when I pressed my breast milk oozed out. I said to my friend, " You see I am right. The last menstruation did not mean anything. I am pregnant in spite of it ' ". This dream represented an undisguised fulfilment of her wish to be pregnant at a time when she knew perfectly well that she was not pregnant. The dream represented as it were the conclusion of the analytical work in connection with her repressed wish for a child. This wish came to be recognized in consciousness, but nevertheless the symptoms did not change ; the vomiting continued.

I must now discuss in more detail her relationship to her friend, in which the whole pathological conflict was reflected.

On the one hand she was tied to him by strong tender feelings ; she loved him and overvalued him, as occurs in love. On the other hand her relationship was a burden and a torment to her. She was torn between the emotions of ' wanting and not wanting.' She was inconsolable about her defloration, which she described as something monstrous and painful ; she thought it humiliating to have become the possession of a man. She resented the passive rôle which she had to play in the sexual act. If in intellectual matters and in taking up a profession she could emulate men, why should she renounce the active rôle here ? She imagined herself to have been happy and contented as long as her relationship had entirely the character of friendship and was confined to a community of study, work and intellectual contact. She had actually proved herself a failure in the field of sex.

We now have to deal with the subject of eating, which assumed great significance in her analysis.

The patient told me the following dream : ' I was at my aunt's, where a milk cake was put on the table. I tasted it and was glad it was salt and not sweet, because then I could eat it.' Her associations referred to sucking at her mother's breast and to her dislike of milk, which reminded her of semen. The cake was made of milk, and so as not to do without it altogether she would only have it if it was salt. In this connection her dislike of kissing is significant. As she put it, she could not bear this ' nibbling about.' She spoke of kisses in the same way as of the sweetmeats which she refused to eat.

A number of dreams revealed tendencies which were distinctly carnivorous in character, as for instance: 'I was at home; in one of the rooms a large table was being laid; many guests; a large fish was brought in. I was sitting in another room at another table and there a second fish was brought in.' Another time she dreamt, 'I was at one of my aunts', sitting at table; there were many people there, but they were indistinct. I looked at the clock and it was a quarter past twelve. I was restless because I had to go away at a quarter to one. I ate some meat and was impatient because the other courses did not come.' These dreams occurred at a period when she had quite lost her appetite, so that it seemed as if she wanted to be compensated in her dreams for what she could not enjoy in the day-time.

Among the associations to these dreams the following were especially noteworthy: she talked a great deal about illnesses of the mouth and bowels, about carcinoma of the tongue, abscesses in the stomach, etc., as if she wanted to imply that her own illness was somehow connected with the oral sphere. By her strong feeling of sympathy for people suffering with their digestion she was enabled to displace her own unconscious conflicts on to them.

The following dream leads to another group of feelings: 'I had to register again, but I saw that the paper did not contain my name but the name "Bernstein."' In association with this dream she began talking about marriage, in which the woman must change her name and take that of the man. Then she told a story she once read in a newspaper about a woman studying the history of art, who had stolen some golden spoons; she added that she could not believe that the girl could have stolen the spoons simply for the sake of money. Quite of her own accord she attributed libidinal motives to the thief and felt sure that these golden spoons had a phallic significance. We see here how this patient guessed without external help at the source of feminine kleptomania, which we generally derive from the castration complex.

In the course of the work it appeared that the golden spoons screened the name of her friend, which was Goldstein; so that we easily guess that the patient had a wish to steal his phallic spoon. But the associations are even more closely knit. In association with the name Bernstein, which she gave herself in the dream, she remembered that her father had used an amber (*Bernstein* in German) cigar-holder, which again proved to be a phallic symbol to her here. We see that the allusion is to the penis of her father, and that she had given herself a

name representing this phallic symbol. We shall have to return to this point later.

I must now mention another dream which occurred in connection with the preceding one: ' I was at home with my parents ; I went out in front of the house, and saw myself in front of a counter where I wanted to buy gherkins ; I was first going to take them . . .'

The analysis showed that the gherkins were closely associated with the amber cigar-holder and the golden spoons of the previous sittings. They were once again the male genital organ, which is to be eaten, and we see how insatiably the patient is urged on by this impulse. Thereupon her unconscious phantasies at this point emerged undisguised, in the form of the idea of sucking at the male organ, biting it off and swallowing it. When this was elucidated the hysterical vomiting ceased.

* * *

I shall now attempt to reconstruct the course of the neurosis and will begin by presenting the case in a new form so as to obtain a complete picture. The point from which we may start is the need the patient felt to play a masculine part in life, to identify herself with men—an end she achieved to a considerable extent. She passed her medical examinations, was successful in her profession, achieved an independent position and refused help from others ; support from her family she had reduced to the utmost, so that she herself was extremely active and energetic, in a way which is usually expected of a man. Such desires for independence in women are common at the present time, but in the case of our patient her leanings towards emancipation came into conflict with her natural feminine function when she was to love a man. There were clear signs of something defiant and sullen in the way she pursued her masculine profession which led one to suspect anal factors ; but unfortunately she did not bring any phantasy material to establish this, so that we may assume that strong sublimations provided an outlet in her everyday life for these anal impulses, withdrawing them from the analysis. The patient had no inhibitions of any importance in her work ; her neurotic troubles were confined to her relations with her friend. This shows that she had refused her ' vaginal ' rôle and was aiming at being a man.

This masculine rôle in which the patient had placed herself was reinforced by her relationship to her brother, who was three years older. Instead of affection, there was competition and rivalry ; she wanted to cut him out whenever she had a chance.

I will now attempt to describe the historical origin of this identification with men.

We must assume that as a small child the patient had a strong affection for her father, who provided everything and looked after the small child. She went to America and back with him, and then, when she was three or four years old, he died. This event left a painful void in the life of the child. The loved object was there no longer, but the little girl was fixated on it and could not transfer her affection to another object. What was the result? How could the little being manage to get over her loss? What occurred is what Freud has called 'identification with the object,' about which he says in his *Group Psychology and Analysis of the Ego:* 'A striking thing about this identification is its ample scale; it remoulds the ego in the most important of its features—in its sexual character—upon the model of what has hitherto been the object. . . . A process of the kind may sometimes be directly observed in small children, an introjection of the object into the ego. A child who was unhappy about the loss of a kitten declared straight out that now he himself was the kitten, and accordingly crawled about on all fours, would not eat at table, and so forth.'

Hence our patient assimilates the father into herself; she faces life by putting herself in the place of her father, acting the part of her father. We may assume that in order to find consolation for the loss, the child wanted to take over the paternal rôle. This, according to our hypothesis, is the nucleus of the striving towards emancipation, which became clearer and clearer as the patient grew older.

The wish to identify herself with the father emerged clearly in the dream in which her name was changed to Bernstein, this being a reference to the name of her friend, Goldstein, and to the amber cigar-holder of her father. She put her father in the place of her friend Goldstein, whom she called Bernstein because her father was in the habit of using an amber (*Bernstein*) cigar-holder. Thus the patient achieved in this dream full identification with her father and incestuous union with him. Here we may see in the background the outline of the Œdipus complex obscurely traced.

Even as a small girl the patient rejected the feminine rôle. She refused to help her mother in the house, was unhappy if she was forced to sew or help in the kitchen, and took on private lessons outside her school hours in order to avoid feminine occupations at all costs. This led frequently to conflicts with her mother, who said that she had

enough with one student (her brother) in the house. The mother was a sempstress and had really intended that she should help her at this, as the older sister did. It caused the patient many a struggle before her will prevailed.

She acted her masculine part in life successfully. Thus she passed her Matriculation and Intermediate so well as to evoke the envy of her male colleagues. In spite of her material and professional difficulties she never lost her inner self-assurance, until the appearance of her friend on the scene made a vigorous demand on her genital nature. This seriously upset her inner balance, destroyed her identification with a masculine model, and thereby thrust her into a neurosis.

Let us examine this neurosis more closely. Its central symptom is vomiting. I think this belongs to the group of hysterical symptoms accompanied by unconscious phantasies, which gradually emerged in the course of the analysis. These unconscious phantasies occurred mainly in two layers, the more superficial one containing the very prominent wish for a pregnancy, which manifested itself in senseless fears as well as in numerous dreams.

The more profound phantasies were essentially those of sucking the penis of her friend, biting it off and swallowing it. As is well known, and has been shown particularly in the works of Abraham and Stärcke, the perversion of sucking the penis is based on the innocent infantile model of sucking at the mother's breast. We may say that the patient had remained attached to the maternal nipple and that all later sexual excitation led back ultimately to these erotic experiences of the sucking babe.

I should mention here that the act of sucking may produce various disturbances of sexual life, by providing points of fixation for perversions, as Stärcke particularly has shown so clearly in his work on the castration complex.

Another patient who had also remained fixated on the oral zone, and always interchanged nipple and penis in his phantasies, once brought up the following phantasy: he saw a naked woman appear before him, who had only a single nipple on her chest. It was obviously a condensation of the two-fold breasts and the single male genital. The same patient had had a particular way of reanimating sucking phantasies in childish games; the course of these phantasies, however, was in the inverse sense to the course of the other patient's. In his games he treated his penis like a nipple with which to suckle his toy animals; he identified himself with his mother, therefore, in her passive

rôle of suckling, whereas the female patient clung to the active pleasure in sucking of the baby, thereby refusing the feminine rôle and taking possession of the penis of her friend.

The oral phantasies of my patient were clearly sadistic in their character, and many of her associations referred to bloody surgical operations, such as she saw daily. She was most interested in surgical cases in which a great deal of blood flows or some part is removed, as for instance, amputations, appendicectomy, abortions, extirpations of the uterus, and so on.

I have had another case of a male patient who retained until the years before puberty phantasies in which he was allowed to go on being suckled by gravid women. These phantasies were related to pictures of mediæval witch-trials, in which one of the forms of torture was to cut off the breasts with knives or to tear them out with the so-called 'spider.' This was an iron instrument with hooks bent in opposite directions, which were inserted into the breast. My patient, who expressed the opinion that the child cuts its teeth on the mother's breast, seems to have attributed the same oral sadistic impulses to the people who condemned the witches. My female patient's bursts of sadism, on which light is thrown by the other cases I have cited, showed a clear tendency to do bodily harm to her friend to whom she was strongly attached.

After the first act of copulation we find her complaining bitterly of her defloration, which she felt as an irremediable mutilation of her genital organ.

We here meet problems treated by Freud in his work on the 'Taboo of Virginity'; he says there: 'From the analyses of many neurotic women we have learnt that they pass through an early phase in which they envy their brothers the token of maleness and feel themselves handicapped and ill-treated on account of the lack of it (really, on account of its diminutive form). In our view this "penis-envy" forms part of the castration complex.' It is explained that the libido of the little girl is not directed towards the father until later, when her wish for a penis is replaced by her wish for a child. Freud then goes on to say: 'I should not wonder if in other cases this sequence were found to be reversed, this element of the castration complex becoming operative only after object-choice had been effected. But the masculine phase in woman during which she envies the boy his penis is at all events developmentally the earlier and more closely allied to primal narcissism than to object-love.'

Here we have reached the domain of the castration complex, in which the oral phantasies mentioned above appear in a new light. We started with the fact that the patient wanted to act the masculine part, identifying herself with her father and behaving as a rival to her brother. These factors, arising from the tendency towards object-love, from her love for her father, were underlaid by tendencies arising from penis-envy, as Freud has suggested in the remarks quoted above. Unfortunately, I cannot answer with certainty the question he poses, but there is no doubt that at one time in childhood the envy of her brother's penis existed and that it regressed to the pregenital stage and broke through in oral phantasies.

The patient bewailed the lack of an organ of this sort, attempted to replace the loss by oral means, and at the same time to revenge herself for her defloration. So she then satisfied the unconscious wishes of her childhood by taking up again her infantile phantasies of procreation through the mouth. When these phantasies of pregnancy were powerfully activated they came into conflict with her masculine rôle, and the unbearable inner tension relieved itself through the symptom of vomiting. Vomiting as a sign of pregnancy is a well-known symptom, but in the case of this patient it had a particular meaning. She was disgusted and appalled at the desire to eat the penis of the man, and only learnt in the course of her analysis to overcome this revulsion of feeling and to acknowledge her suppressed desire.

Her disgust is neatly illustrated in her dream about the gherkins : phalli, which she wanted to have to eat. But she desisted from taking them because the woman of the shop did disgusting things with them ; she washed plates and her feet in the same pail with them. The patient added that the idea of eating the penis produced an immediate feeling of disgust in her. We must not forget that the penis is also an organ of excretion and may very often represent the fæcal column. The patient now succeeded also in overcoming the sense of disgust attached to excreta which had been a barrier preventing such phantasies from becoming conscious.

As we know, she had fought against her phantasies of pregnancy ; she wanted to be a man and to bear no children.

Her sadistic phantasies were also directed against the child itself ; these phantasies were powerfully reinforced by oral cannibalistic impulses directed against the penis which, as we know, is equated to the child in the unconscious. We see her murderous inclinations against her offspring in the following dream : ' I heard a frog sitting

in another animal say: "I shall see to it that you get lost"'. (The patient, her sister and her brother were on a trackless path.) 'Thereupon I killed the frog.' Her next association was that the frog which was killed represented an embryo in utero.

We can therefore say that for a time the patient succeeded in bringing her personal wishes, social aspirations and libidinal needs all under the ægis of the oral erotogenic zone, in accordance with one libido-organization of the pregenital period. Under the strain of actual sexual demands, the break-down of the neurosis and the changes brought about by the analytical cure detached this oral organization from the genital primacy.

The patient's oral disposition explains her trend towards identification, which had played a large part in the history of her illness, had determined her masculine nature, motivated the choice of her profession, and been a factor in the formation of the neurosis.

I do not know if it will be going too far afield to adduce examples of oral cannibalistic inclinations taken from Dante's *Divina Commedia*. The work of this Italian poet is recognized as difficult to understand, and as far as I know has hardly ever been treated analytically; nevertheless, I think I may venture to introduce some ideas out of this poem which are in their way so significant and occur in so conspicuous a connection that they can hardly be misunderstood.

In the lowest region of the 'Inferno' (Canto 34) at the fount of all evil is Lucifer, a three-headed monster, who with each of his three mouths crunches an arch-criminal, namely, Judas, Cassius and Brutus. In the description of this grisly meal one can almost hear the bones cracking and see the blood flowing. Quite close to this description there is another scene (Canto 33) where Ugolino attacks his deadly enemy, Archbishop Roger who has betrayed him, and gnaws his head as a dog gnaws a bone.

Let us turn from these unmistakably cannibalistic descriptions, which are obviously for Dante the poetic expression of the most horrible human depravity, to his description of the highest rapture in the last Canto of the 'Paradiso', where he sets out to portray those ultimate things which are beyond words. The poet says in 'Paradiso', Canto 33, verse 108:

> 'My tongue shall utter now no more
> E'en what remembrance keeps, than could a babe's
> That yet is moisten'd at his mother's breast.'
>
> (Cary's Translation.)

So we see that at the two most prominent places, the keystones of his work, in the lowest depth of Hell and on the highest pinnacle of Paradise, the poet uses images drawn from the oral libido-organization : an image of the innocent babe at its mother's breast and the repulsive, deeply-buried instincts of cannibalism.

NOTES FROM THE ANALYSIS OF A CASE OF EREUTHOPHOBIA [1]

BY

THERESE BENEDEK

LEIPZIG

The following notes are taken from the analysis of a woman aged twenty-six, who had come for treatment because she was troubled with a fear of blushing. She felt hampered in the presence of other people and thought they were watching her, particularly if she was closely connected with them or interested in them. In such cases she began by being afraid of blushing; the next thing was that she would feel uncertain of herself, and would try to pull herself together, then would have palpitations, a piercing feeling in her head and often vertigo; finally the blushing would actually occur. The patient declared she had experienced this blushing first at school when she was nine years old. A child had lost a book; while the mistress was investigating the matter she had suddenly had the idea that she might be suspected. Thereupon she had blushed. Two years later a similar scene had occurred again, in a boarding-school; this time her blushing really led to her being accused of theft. Although she had been very unhappy in the boarding-school, she had not wanted to go back home, because, without knowing the reason why, she had had a sense of shame when she thought of her mother. She had always had the feeling that she would blush before her mother, and that had caused an estrangement.

As one might expect, the patient gave masturbation as the conscious reason for this apprehensiveness. She could remember that she had masturbated from her fifth to her ninth or tenth year; besides this an earlier infantile masturbation could be reconstructed from the analysis.

When the patient was eight or nine years old a change occurred in her life which fitted in so closely with her inner libidinal disposition that it had a decisive influence on her later life. She was the only child of a mixed marriage, the father being a Protestant and the mother a very religious Roman Catholic. The girl had been baptized a Protestant and had become a Roman Catholic in her eighth year. The

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[1] Read before the Berlin Psycho-Analytical Society, Dec. 2, 1924.

mother had ' drawn her to her ', as she used to say. The Roman Catholic Church represented the mother to her unconscious, the confessional became to her both the highest duty and the greatest torture. She began to fight against masturbation so as not to have to confess it. With much self-torment, she had really succeeded in overcoming it. But the thought of it continued to be a source of distress to her because she felt that she must also confess such thoughts. In this situation the ereuthophobia appeared. This case therefore confirms the opinion generally held that blushing is a sign of repressed genital excitation, displaced upwards. At seventeen years old, when her mother died, the illness became aggravated.

I will not go into the details of the complete analysis of the blushing, but will confine myself to the patient's castration complex and the course of the libido-conflict during the analysis, since the case seems to me clear and characteristic enough to merit a special report.

The patient was quite conscious of her wish to be a man ; in the first sitting she said that she felt women to be inferior, that she despised them, and had really always wanted to be a man ; even as a child she had not liked to play with girls. The sexual meaning of this wish was of course quite unconscious, although she could remember games and phantasies of her childhood which clearly indicated strong penis-envy, for instance, the following experience : She had owned a canary, which had been a good songster and which they had all loved very much. Even at the time she had had the feeling that she was made to share her parent's love with the canary. She, too, was very fond of it. In spite of this, and in disobedience to her mother, she persistently drank its water ; in a later stage of the analysis she even remembered having once eaten its food. One day when her parents were out—she was about five years old at the time—she took the canary out of its cage to play with it ; she held it in her hand and forced it to turn one of the hands of the clock. Suddenly she noticed that the bird's struggles weakened ; in horror she realized what she was doing, but the bird moved no more. She made efforts to revive it, she laid it out in the sun, but it was all in vain ; the poor creature was dead. Full of remorse she told her mother of the disaster, who saw her despair and did not punish her. Nevertheless she was most ashamed of herself, particularly as the story was always being told to friends and visitors (the poor bird was stuffed). The friends laughed about the childish act, but that did not diminish her sense of guilt. Whenever visitors came she was afraid because she dreaded the re-telling of the story. She attributed her later fear of

parties directly to this occurrence. She was afraid that something might be mentioned in company that would be painful to her.

I drew the patient's attention to her strong sense of guilt and mentioned that we should have to deal further with this matter. Next day she said that something else had occurred to her which she had to confess. She had not only killed the canary but also her brother. It was true that she had never had a brother, nevertheless she was obliged to assume that he had existed and that she had killed him. She held fast to this idea. Her mother had certainly never spoken about a brother, as she had about the canary, but now the patient thought that this must be merely a sign of her mother's delicate feeling, in not wanting to burden her conscience with fratricide. Her father had never mentioned a brother either, nor had she ever heard of the existence of a grave, but all this could not rid her of the idea that she had killed her brother. There was in fact only one sign of his existence. This was a post-card which she had found after the death of her mother, in which an acquaintance had congratulated the parents on the birth of a son and heir. She could remember that this post-card had made her feel very jealous because it had seemed to her that this congratulation on the birth of a son and heir sounded much more joyful than the good wishes which had come after her own birth. From this and a few earlier remarks by her mother she had drawn the conclusion that her parents had been more pleased about the son than about the daughter. Thereupon she had forgotten the whole affair; she declared that she had never had the idea of having killed her brother until it came to her on that particular day in the analysis. It must seem remarkable that she had not asked her father what had happened to this son and heir as soon as she had read the post-card. Now that the matter had become complicated by her self-accusation she could no longer question her father to obtain certainty. He could not be allowed to know that she had killed her brother—that had to be treated as a secret between her and her mother, who had taken it into the grave with her, so as to relieve her of the burden of her guilt.

She was obliged to think a lot about the supposed existence of her brother. With nothing but this post-card to go on, she produced a variety of phantasies about him. Several of these could be followed from their first beginnings during the analysis. Every detail was found to be precisely pre-determined in the unconscious, as could be proved partly from memories and partly—after the resistance had been overcome—by reconstructions. Again and again this brother-phantasy

showed itself to be the vehicle of her unconscious sense of guilt; thus these phantastic self-accusations which had been raised in the analysis played the part of a transitory symptom. The following may serve as an example. On one occasion the patient said that her brother's name had been William; her mother had told her so and she could still remember the occasion, which had been during a walk. It turned out that William was the name of a cousin who had been educated with her from her seventh to her ninth year. With this cousin she had examined animals. He had also shown her his penis and thus had given her an opportunity to satisfy her scoptophilia, which had originally been directed towards the father. This tendency had thus been gratified with the cousin for a time, and eventually had been repressed.

Even before this cousin came to the house, she had had fancies about brothers and sisters; she treated her dolls as such. In school, where, sunk in her phantasies, she practically ignored reality altogether, she created brothers and sisters out of pencils, pens and scraps of paper. She was constantly occupied with this 'family' in which there were many children—she herself being one of the middle ones—and they all got on well together. These phantasies proved to be a reaction to her repressed jealousy which was directed to anything that interfered at all with her claims for love. Thus the canary came to play the part of a brother. As shown in the above example, however, the brother who had never existed was really a screen for the father, who was fundamentally the object of her jealousy.

The analytical resolution of the details of the brother-phantasy showed that her idea of fratricide had been put in the place of the repressed wish to kill her father. This wish had been symbolically fulfilled in the murder of the canary. In her unconscious phantasy, moreover, she had not only killed her father but had also incorporated him into herself. We shall return later to the very relevant fact of the drinking of the bird's water. The result of this identification was to create the idea of her masculinity. In the analysis she produced many memories to show that as a child she had wanted to acquire the signs of masculinity of her father. At that time she had collected his worn-out braces and the straps he used to train his moustache, and she was just as proud of this collection as she was of the plaits which she made out of string and which she even liked to show off when she was in the street. Her relationship to her father was that of a rival. Towards her mother she played the part of a gallant and bid for her love with presents; she often said, 'You are more pleased, mother, with my

presents than with father's, aren't you?' She was quite conscious that she did not need her father. Her relationship to him became more and more estranged. In her room there was a photograph in which she had originally been taken with both her parents; she had cut the father out of the picture and then had it framed, so that she was now alone in the picture with her mother—a symptomatic act of which the meaning only became clear to her in the analysis.

Once the resolution of the sense of guilt had gone far enough to enable her to acknowledge her death and castration wishes against the father, her general condition improved appreciably. She gained certainty and self-confidence, had no more fear of reddening, and was at last able to question her father in order to obtain certitude with regard to her brother. The brother had never lived. The post-card was the joke of a friend, who had adopted this form of sending New Year's greetings to the couple who would have liked to have had a son.

In this phase of the analysis a part of her infantile development became clear, particularly that of her scoptophilia and her jealousy. She also became conscious of the fact that she had actually separated her parents, but this in her opinion was only in order to have the mother for herself alone. The mother was her love-object. That her love had once also been given to her father she was inhibited from recognizing by a very strong resistance. At first this resistance deepened the analysis of her masculinity complex and she began to act in accordance with her masculinity. The repressed genital sexuality awoke and she began to masturbate. At this time she produced very rich dream-material through which it was possible to demonstrate her fight against masturbation and the significance of the latter. I will recount only one fragment of a dream. 'I was standing in a grave which was the dried-up bed of a brook. Both banks were stony. I stepped into the bed of the river; people were standing on the bank. I said to them, "Wait, I am going to conjure water into it." I struck the rock with my staff and felt that I was Moses.' The dream ended with orgasm.

This orgasm showed clearly that her onanism was connected with the wish to urinate like a man. She remembered in fact that she had looked on when her father urinated, and that once when this was forbidden she had said that girls ought to do this business with their fathers, and boys with their mothers. By watching her father urinating she satisfied her active (and passive) scoptophilia.[2] When this gratifi-

[2] K. Horney, 'On the Genesis of the Castration Complex in Women', International Journal of Psycho-Analysis, Vol. V.

cation by looking on became impossible to her she reacted with the wish to have for herself all her father's sources of pleasure. (It was not until this time that her masturbation occurred.) She had strong feelings of guilt on account of masturbation and, as her dreams showed, she assumed that she had been castrated on account of her infantile onanism and had since then been a woman. Thus being a woman became both a proof of masturbation and something to be ashamed of. Besides this she was afraid that everyone could see that she had masturbated. In this way masturbation drew to itself the sense of guilt which the patient had in her unconscious on account of her castration and death wishes. Whereas, however, masturbation had been such a burden to her in childhood, it now provided a relief.

The analysis during this period of masturbation, and particularly the numerous signs and the repetition of scoptophilia and urethral erotism, showed the patient that the phase of identification with the father must have been preceded by an earlier one in which the father had been the object of her interest. Nevertheless at the moment this was to her merely a theoretical reconstruction ; her strong resistance against the positive Œdipus complex prevented full acceptance of this solution.

Parallel with the repetition of the urethral erotism, the oral-erotic fixation was revived, which was extremely pronounced in this patient. She had been fed for a long time at the mother's breast, for which even when she was two or three years old she had a strong interest ; after that she was given the bottle up to her school days. She was passionately fond of drinking ; she not only drank the canary's water, but also the water out of flower-vases and even the bath-water, on the ground that her mother did not allow her to drink as much water as she wanted. She would suck anything, such as the corner of her pillow or the bath-sponge. This phase of the analysis gave the utmost difficulty. The material was extremely complicated and her dreams brought in the first place her ambivalent attitude towards her mother : strong love, longing for the mother's breast, and disappointment in the mother as a result of weaning. Even as a small child she had been very sensitive towards her mother, and if she refused her slightest wish she was thrown into the most violent despair. Sadistic wishes towards the mother belong to this material ; as her thoughts and phantasies showed, she wanted to tear off her mother's breast. Her dreams repeated death-wishes against the mother. When she was asked in this connection : ' How is it that you never speak of the death of your

mother ? ', she blushed deeply for the first time for a long while. This reddening set up a relapse of her ereuthophobia which, though not as serious as her condition at the beginning of the analysis, showed that its source was her feeling of guilt towards her mother. She blushed, for instance, if she had to pray in school before the children (church and mother were identical to the patient).

The analysis of this relapse was very instructive and at last brought the solution of her Œdipus complex. To start with, she became able to bring herself to mention her grief at her mother's death. At the time she had been dominated by a feeling of guilt, as for some irremediable neglect. For a long while she was quite in despair but did not speak about the matter to anyone. She felt quite deserted, and the more so as just at that time her relationship to her father had become colder than ever, because immediately after the death of his wife he had taken his mother (the patient's grandmother) into the home. The patient's jealousy then had a new object ; the father had again got a woman with him, and the grandmother and father together appeared to her as a hostile force.

In this way she had lost again her father as a love-object, and a very distinct identification with her mother with which her grief concluded did not succeed in reviving her feminine attitude. After a period of grief and despair she had quite consciously had the feeling that her mother was continuing to live in her, and in this feeling she had found consolation. In consequence of this identification she became religious, as her mother had been, and this aggravated all her battles with her conscience, so that her condition became more serious.

In connection with the discussion of this identification in the analysis she was able to realize that she had always measured herself with her mother and had wanted to have something in common with her. This attitude had often manifested itself already in the transference. As the analysis showed, the object she had wanted to have in common with her mother had first been the breast and then the father ; her affective attitude towards the female breasts was very characteristic. She not only denied them in herself (she had quite an undeveloped and childish figure), but in all women. She could not see the beauty of the breasts in a work of art. The analysis showed the identity, breast = penis, and then the oral-erotic fixation which, as we have mentioned above, produced quite sadistic maltreatment of the breasts in phantasies and dreams.

At the time when we were chiefly concerned with her resistance

against the feminine sexual rôle, she had an attack of nose-bleeding, which recurred several times during three days. At first she rejected every interpretation and would not see any connection between this physical symptom and the libidinal constellation at the moment. Then I told the patient she should consult my husband—towards whom, in the course of the analysis, a father-transference had arisen—in order to have her nose examined ; perhaps some local treatment would relieve the trouble. As I had expected, she did not accept my offer. The indignation manifested in her associations and phantasies convinced even her that her nose-bleeding was partly a repetition of the trauma of menstruation and partly represented her becoming accustomed to it. During this period she brought the following dream : ' I dreamt of pigeons. One of the pigeons was to be killed. I carried the flesh of the pigeon in my hand and in such a way that I had a piece of flesh in each hand ; it looked like slices of liver. Then I was at the railway-station. My father was standing in the train and I was to travel with him ; but I did not get in. Instead I wanted to run back to the town again. I told the engine-driver he was to wait for me, I would be back in ten minutes. In the town I got them to give me a packet in a restaurant and ran back to the station with it and looked for the train, but it was no longer on the same line. In the meantime it had been shunted. The engine-driver took me to the carriage and I got in where my father was.' The analysis of the dream showed quite clearly that the pigeons were equivalent to the canary. Now, after the analysis of her oral-erotic fixation, she chose an edible bird which she would have to incorporate into herself in order to have breasts, to be identical with her mother and to be able to travel with her father. (To comply with the actual situation she had to choose a different object from her father : the train had been shunted on to another line.)

Of course this acceptance of the feminine sexual rôle did not yet represent the final solution of the Œdipus complex. This realization was again followed by a difficult period, in which the patient produced anxiety-dreams, phantasies of poisoning, and so forth ; these originated on the one hand in her infantile sexual theories and on the other hand reproduced the primal scene (witnessing coitus between the parents). With these products of her resistance she protected herself against the unconscious feminine wishes which were originally directed towards her father. It was not until the resolution of this part of her resistance that she felt the necessity of giving up the boy's part which she had always wanted to play towards her mother.

In this way it was possible to reconstruct from the analysis the whole libido-development of the patient. The original disappointment in her mother had been caused by weaning and had fixated her libido on the oral-erotic phase in its cannibalistic form. Incorporation into herself of an object which was hated and had once been loved was her characteristic reaction. (The water and food of the canary were identical with the bird. The dream about the pigeons). She had wanted to incorporate into herself her mother's breasts, to tear them off; but much later she had also wanted to exercise her scoptophilia on them. After this a short period had occurred when the father was the object of her love. During this period she had disparaged her mother, she had no longer called her 'mother'. She had wished her out of the way, dead. Her love had belonged to her father with all its component instincts, of which scoptophilia and exhibitionism seem to have been the strongest. These impulses had had to be repressed and therefore also love for her father, which in this case seems to have been nothing but interest in his penis. It was not found possible to remember or reconstruct a direct traumatic disappointment in her father. The source of her disappointment had been chronic. In her childhood her father had been away from home a great deal. She could remember, and had also seen it in her mother's diary, that when three or four years old she had often said to her mother: 'Mummy, what do you say to that, father is not back yet?' She had waited for him just like her mother, but the father had not come to satisfy her wish for tenderness; she had longed for him, but had had to dispense with this tenderness and to make a bid for the love of her strict, reserved and always sorrowful mother, towards whom at the same time she had had a strong sense of guilt because of her earlier aggressive feelings towards her. Her identification with her father had further been augmented by the fact that her urethral erotism and scoptophilia had led her to believe that he had more sources of pleasure than she herself had; perhaps it was also conditioned by constitutional factors. Now she had tried to play the rôle of father towards her mother and had adopted masturbation to gratify her masculinity. The fact that in this case masturbation was 'masculine' was proved not only by the circumstances of its reappearence during the analysis but also of its cessation. The patient slowly lost her interest in masturbation whilst her mother-identification emerged out of her unconscious. The strongest resistance was against the normal Œdipus complex, the strongest sense of guilt concerned her mother because she had wanted to kill her, or rather because she had killed her in the original oral cannibalistic

phase. The murder of the canary, which represented incorporation of the penis, corresponded to a regression to this phase.

This case-history shows on the one hand that the origin of the castration complex is in identification with the father and at a still earlier stage in an identification with the mother. On the other hand it furnishes a good example to show that this identification occurs either at the oral cannibalistic stage of libido-development or by means of a regression to this stage.

A NOTE ON THE FORMATION OF SYMBOLS

BY

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In a paper on ' The Ontogenesis of Symbols ' Ferenczi drew attention in 1913 to the manner in which symbols, as distinguished from other modes of indirect representation, are formed. The similarity between a penis and a tree—to use Ferenczi's illustration—is at first perceived consciously ; then, when the thought of the penis is repressed, its affect is displaced and re-appears in consciousness as an apparently inexplicable interest in the tree. The tree becomes a symbol in the psycho-analytical sense only when this process is completed.

According to this account, the symbolic equation was once present in consciousness : ' Originally penis and tree, penis and church-steeple, were consciously equated '. But this feature is certainly not involved in the formation of all symbols. A woman, for example, dreams of a gothic arch which turns out on analysis to be a symbol for the vagina ; but it is not at all necessary that an arch should ever have consciously reminded her of the female organ. It might, however, be replied that she has at some earlier time been reminded of the vagina by a window, tunnel or other kind of opening ; and since this has certain features in common with an arch, there has after all been some kind of original conscious equation. According to this contention it would follow that if an object x has never been consciously equated with a sexual object y, it can become a symbol of y only under the following conditions :— Further back, another object z, in some way similar to x, *has* been consciously equated with y. The repressed affect of y is then displaced on to x viâ the intermediate idea z, which itself remains unconscious.

Symbols can, doubtless, be formed in this way ; but such an explanation is not always necessary. Cases exist where, though neither x, nor anything similar to or associated with x, has been consciously equated with y, the repressed affect of y is *directly* displaced on to x, which then becomes a symbol. It is proposed here to examine two examples of this kind of symbol formation, in one of which the symbol arises in waking life, while in the other it occurs in a dream.

1. As Ferenczi has pointed out, if a church-steeple brings to consciousness the idea of the penis, this is chiefly to be explained by the strength of the interest in the penis. But it may be pointed out here

that, once this interest is repressed, the repression not only converts the steeple into a symbol but also precludes (represses in advance) the conscious equation of other non-sexual objects with the penis. These objects also should then be capable of functioning as symbols; but *ex hypothesi* they have never been consciously equated with the sexual idea. Nor can it be maintained that repression precludes the conscious equation in these cases simply because the later object excites repressed memories of the sexual significance of the steeple. If the steeple was capable of *directly* reviving the sexual idea, so also are other suitable objects which may be seen later. The repression which formerly overtook one half of the conscious equation, steeple = penis, now repeats itself, therefore, *independently* against the sexual apperception of the new object; only it precludes the consciousness of the equation absolutely, instead of merely attacking it after it has come into existence.

2. An example based on somewhat different principles may now be taken from the dream. A man dreams of climbing a staircase; and his is proved by analysis to be a symbol of coitus. But he has never consciously equated the two ideas. Must it therefore be supposed that the repressed affect of the coitus-idea can activate the staircase-idea only through the medium of another idea (similar to that of going up stairs) which has previously been consciously equated with coitus? While this is theoretically possible, there is an alternative explanation which seems easier. The two ideas were both in the mind prior to the dream; but they had not yet established contact. Going upstairs never consciously reminded the individual of coitus; nor was it even unconsciously symbolic or attended by anxiety. But in the stages of dream-formation the contact is somehow made and a path is opened up for the first time between the two ideas.[1] The result is a dream-symbol which is not based on any prior conscious equation.

This explanation, however, only raises a fresh problem. What confers upon the dream this power of opening up new association-paths? In answering this question it may be pointed out that the similarity of certain objects and situations in waking life to sexual ideas is so slight that a sexual mode of apperception does not usually suggest itself. This might conceivably be due to a preclusion by repression of the conscious equation; the object would have reminded the individual of something sexual if he had not been subject to

[1] Or, more strictly, a path is opened up between the repressed *affect* of the idea of coitus and the staircase-idea.

repression of sexual thoughts. But this explanation applies rather to those cases where the similarity between the ideas concerned is otherwise fairly evident. Where the material similarity is slight, the explanation must be somewhat as follows: As Ferenczi has stated, the tendency of a non-sexual object to revive the idea of one which is sexual is mainly due to the individual's interest in the latter; the material similiarity between the two ideas merely provides an opportunity for the identification. But it should be noted that this use of the word 'opportunity' indicates that there must also be *some* degree of material similarity if the identification is to become possible. On the basis of this observation it seems permissible to go a step further and infer that the degree of cathexis with which a sexual idea must be invested if it is to be equated with a non-sexual idea varies inversely with the material similarity between the two. If this principle is now applied to the problem under consideration the conclusion arises that if an idea which has not in waking life been consciously equated with, or symbolic of, a sexual idea, occurs in a dream as a symbol, the sexual idea must have undergone increased cathexis during sleep. Nor is it difficult to understand how this comes about. During the day the libido has numerous channels of discharge through social relationships, sublimated interests and so forth. But during sleep these are cut off and the libido is therefore driven back upon the fundamental sexual complexes and adds to their cathexis. It is this, therefore, together with the repression which still operates in sleep, which accounts for the opening up of hitherto unused association-paths and the production in dreams of symbols which are not based on any conscious equation in waking life.[2]

The ideas which have been brought forward in this discussion may now be briefly summarized. In so far as they are based on similarity (as opposed to association by contiguity) symbols may arise in four

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[2] This account also helps to show how so-called 'archaic' symbols may be explained without going outside the experience of the individual. Where such symbols are found in dreams it is usually supposed that the associations upon which they rest are inherited. But it is only necessary to assume that the two ideas have both been in the mind (though not connected with one another), each being derivable in one way or another from individual experience. The contact between the two which results in symbolism then arises by increased cathexis of the sexual idea during sleep. The fact that the same symbol is found in myths or legends merely shows, not that a given association has been inherited, but that the deep-lying mechanisms of men's minds are the same in all ages.

different ways: (1) In the manner described by Ferenczi, upon the basis of a prior conscious equation. (2) The idea may become a symbol, not by direct conscious equation with the sexual presentation, but by reason of its similarity (not consciously recognized) to another idea which has been previously consciously equated with the sexual presentation. (3) Or it may become a symbol by receiving *directly* the displaced affect of the sexual idea with which it has never been consciously equated, the consciousness of similarity having been precluded by repression. (4) Radically new symbols arise in dreams through the opening up in the dream-state of fresh association-paths.

Increased cathexis of repressed sexual ideas under the conditions of sleep is chiefly responsible for the creation of this last type of symbols.

SHORTER COMMUNICATIONS

AN INFANTILE SEXUAL THEORY NOT HITHERTO NOTED

A patient in whose childhood there had been an unusually severe struggle between repression and sexual curiosity recounted to me during psycho-analysis two childish theories of procreation. The first was that the man embraces the woman and kisses her, and when this happens some of his spittle passes into her mouth and produces a child in her. Besides this theory, with which the psycho-analyst is familiar, the patient had constructed a second, according to which the man's breast, when he embraces the woman, excretes milk which passes into her breast.

I had never heard of this childish theory before. It certainly does not belong to the *primary* theories of sexuality which are formed by all children with a great degree of uniformity. Moreover, it was proved that the theory was constructed when the patient had already passed the age at which the primary theories are formed. Now since the views of children in later years vary greatly, according to the different external influences to which they are subjected, there would be little reason to spend time over this secondary sexual theory about which the patient told me. But the analysis of it helped me to understand better one of the common primary theories of reproduction, and this seems to justify me in making the present communication.

The capacity of loving the opposite sex was in this patient impaired owing to a vivid phantasy-life of a homosexual character. In part it was a question of passive homosexual phantasies, having reference to older men. These latter were father-substitutes; in relation to his father the patient identified himself with his mother in a manner which we know from other observations to be quite common. A second group of phantasies was active in character and concerned boys or, later, young men some years younger than the patient. He remembered that in early childhood he had a strong impulse to put his penis into the mouths of smaller boys, though he never did any such thing. Analysis showed beyond doubt that in these imaginings also he identified himself with his mother. The boys or young men stood for the patient's younger brothers, whom he, as the eldest, had seen at their mother's breast. This had roused in him the most violent envy; his brothers were in possession of something which he himself had once enjoyed but had had to give up long ago. His identification with the

mother was his reaction to the preference shown to his younger brothers.

At a later period nothing stimulated his libido so much as the sight of a nursing mother. In his native country it is quite customary for women of the lower classes to suckle their children in the street. The remarkable sexual excitement which in our patient accompanied every such impression leads us to conclude that for him the suckling of a child, i.e., the introduction of the nipple into the mouth of another person was the essence of sexual gratification. To his unconscious this situation was a substitute for coitus, the active rôle being given to the nursing mother. He identified himself with her in the homosexual phantasies mentioned which had to do with the introduction of his own organ into the mouth of a boy.

I may mention here that in the patient's mother-tongue the vulgar expression for sperma is ' milk '. This term (which is widespread elsewhere) had been heard by him as a little boy from older persons.

The identification of the male nipple with the penis throws a light upon another of the sexual theories most commonly met with. I refer to the idea that the female has, concealed within her, a very large penis, into which the smaller male organ of the man must penetrate. I think this childish theory has hitherto not received an adequate psychological explanation. It has been so natural to explain it from two sources : first, from the familiar idea that the female body possesses the male organ—an idea which is universal at a certain period of childhood. Freud [1] has recently related this conception to the ' phallic ' phase of libidinal development. And secondly, one was bound to add that, logically, only a smaller object could penetrate into a greater, so that the child had to assume the existence of a larger female organ. But we must not forget that, in general, rational explanations of this sort have very little psychological value.

A disparity between the male and female organ, the latter being the larger, does actually exist as regards the breast. Moreover, in my patient's case there was the additional fact that in his mother-tongue the male nipple is designated by a word which is a diminutive of the term used for the female breast. His idea of the little male nipple discharging some substance into the large female breast thus helps us to understand better the typical theory of a small male organ penetrating into the larger female one.

[1] Freud, ' The Infantile Genital Organization of the Libido ', International Journal of Psycho-Analysis, Vol. V.

Neurotic men who are found on analysis to have retained the idea of the large female penis regularly suffer from the fear that they themselves have an abnormally small organ. This was the case with my patient, with whom the idea was an obsession, until it disappeared under analysis. The displacement of coitus-phantasies from the genital region to the breast meant for the patient a considerable saving of 'pain'. For the smallness of the nipple in relation to the female breast was a characteristic of all men, so that this disparity did not give him any idea of personal deficiency.

I think it is possible that the facts which I have only briefly touched on here may be of some importance in regard to childish sexual investigations. To all appearance the male sex is superior as regards the genital organ and the female as regards the breast. This contrast must force itself upon the child, and we cannot wonder if he carries his discoveries in respect of the one region over to the other. Thus the sexual theories of children would necessarily contain a deposit of this psychological process. The idea of the size and strength of the penis attributed to women would seem then to be largely determined by that organ being equated with the breast.

Karl Abraham, Berlin.

DREAMS IN PAIRS AND SERIES[1]

It very often happens that two or more dreams in the same night stand in some sort of relation to one another. In the *Traumdeutung* Freud speaks of the way in which successive dreams which all contain the same latent content grow progressively clearer. Often, however, the relation between pairs of dreams is still closer: not only is the content connected but there is also a dynamic or, more correctly, an economic connection. A certain dynamic relation between pairs or series of dreams which express the same wish is nearly always present. The following is the simplest type of a relation of this sort. The first dream may, for instance, express the incest-wish, the sexual act being disguised symbolically. For example: 'I am driving in a carriage with my mother.' In the second dream the act is disguised less, or not at all, but the incestuous object is replaced by a harmless one. The two dreams are then complementary to one another and permit, as it were,

[1] Read before the Berlin Psycho-Analytical Society, November 6, 1923.

a complete gratification of the wish in two stages, by which it escapes the notice of the censor. The obvious economic gain for the repressed tendency is that through dividing the gratification into two stages a fuller satisfaction is rendered possible, though the economic work of the censor remains the same. Both the symbolically disguised sexual intercourse with an incestuous object and the manifest sexual act with an indifferent person are, if taken alone, capable of entering consciousness; they express the real wish, however, only incompletely. But taken in connection with each other, the second dream having reference to the first, they constitute a complete representation of the repressed tendency. If we look out for it we come across this mode of representation so frequently that it is superfluous to give examples.

There is another, more interesting and more complicated mechanism, very like the one I have just mentioned. Here the economic connection is still closer: the second dream only arises out of the first and is conditioned by it. We see this mechanism plainly in the following pairs of dreams:

Dream I.: 'A wedding-feast is in preparation. My brother is going to marry my *fiancée*, but the clergyman fails to appear and so the wedding cannot take place. I say to my brother that probably we could find another clergyman. However, nothing happens and the wedding cannot take place'.

Dream II. (the same night): 'We and a girl whom we know are looking at photographs together. Amongst them we see the photograph of my brother-in-law's mistress. We both begin to laugh because she is so plain, and I say that my brother-in-law would certainly maintain that she looked very interesting'.

The patient had the day before brought to the analysis a dream which, as we shall soon see, had a similar latent content, but which we did not discuss during the analytic hour. 'A Chinaman and an Englishwoman who live in the same boarding-house as myself wish to have intercourse. I should have to be present because there is no other room available, but it would be extremely embarrassing to me to be forced to witness the act. Fortunately, however, nothing happens.'

Different as their manifest content is, all three dreams have the same meaning. In the first the brother's wedding is frustrated (there is no clergyman there) but, in order to shift the blame from himself and to hide his malicious joy over the disaster to the marriage, it is the dreamer who is the person to say, with a gesture of hypocrisy, that they could probably find another clergyman, as though he himself were

very anxious for the wedding to take place. In discussing the dream the patient soon remembered a scene in which his elder brother had a quarrel with his wife and said that he would get a divorce. On that occasion the patient detected in himself a secret joy and was ashamed of his own malice.

The meaning of the second dream is expressed more directly and is almost undisguised. In this dream the patient is laughing at a girl whom his brother-in-law had already thrown over and who was very plain, and, moreover, he was doing this together with another girl who also disliked the one at whom they were laughing. The question is: why does the second of the two girls appear in the dream and why does he need a companion in giving way to his malicious satisfaction? The answer to this question reveals the real meaning of the dream. The girl in whose company he laughs at his brother-in-law's former mistress shares his antipathy to her. And it is the reason for the dislike displayed by the girl who appears in the dream which is the essential *tertium comparationis:* the two girls are rivals. So that the dreamer chooses this girl to share in his derisive laughter because he hates the brother-in-law's mistress from a similar motive, namely, from jealousy. This reveals his passive homosexual fixation to his brother-in-law, which gives rise to the wish to separate him from his mistress. Or, to put it more accurately, it shows his malicious satisfaction in the separation which has already taken place and in the fact of the girl's ugliness. Similarly, the desire to frustrate his brother's wedding arises out of a passive fixation to him.

The difference between the two dreams is this: in the second, the dream about the brother-in-law, the malice is openly expressed and its homosexual motives are clearly indicated in the part played by the girl who shares his feelings, while in the dream about his brother the only thing manifest is the interest, ego-syntonic but none the less hypocritical, in his brother's wedding taking place. To put it quite shortly: in the first dream the latent wish is more strongly repressed. Or to express it in another way: the dream about the brother corresponds more closely to the demands of the super-ego, even though this is really deceived by the dreamer's hypocrisy, for after all the wedding cannot take place. Now the economic reason for this difference is obvious: feelings against the illicit relations of his brother-in-law are less strongly condemned by the censor (super-ego) than similar feelings against his brother's legal marriage. And in the main the homosexual fixation to the brother-in-law is not so strongly repressed,

as being less incestuous, than that to his brother. But there is another dynamic factor which I wish to emphasize, and it is just this which interests us now. In the first dream the patient behaves in a most lofty manner; only in the second dream does he reap the benefit of this hypocritical self-mastery. For, having done his best to promote his brother's marriage in the first dream, he is able in the second to indulge with a quiet conscience in malicious feelings against his brother-in-law's mistress. In the first dream he satisfies the moral demands of the super-ego; in the second he is free to transgress again. The moral credit which he acquires in the earlier dream is used to pay for his guilt in the later, and release an uninhibited gratification of the repressed tendency. His untroubled enjoyment of his malicious feelings in the second dream is made possible by his moral behaviour in the first.

I would now recall that the patient had brought to the previous sitting a dream the latent content of which was similar to that of the pair of dreams. It is only from this first dream that we can understand the deepest unconscious basis of the other two. Here sexual intercourse between the Englishwoman who lived in his boarding-house and the Chinaman is frustrated. The meaning is clear. The boarding-house corresponds to his home. The circumstance in the dream that he was obliged to be present during coitus, because there was no other room available, is an allusion to his parents' bedroom, where he slept as a little child; and the alien inhabitants, the Chinaman and the Englishwoman, are contrast-figures for his nearest relations, his father and mother. The most deeply repressed wish in all three dreams is that of hindering his parents' coitus and separating them from one another. The wish to separate which recurs in all three dreams—the brother-in-law from his mistress, the brother from his wife, the Chinaman from the Englishwoman, refers ultimately to the parents. Here we observe a certain sequence. The more the persons are disguised the less does the action need to be masked. Thus, in the dream of the foreigners the sexual act is clearly retained, while the incestuous objects are not only disguised but actually transformed into contrast-figures. In the dream about the brother-in-law the wish to separate appears in a modified form as malicious delight in the ugliness of the woman. In the dream about the brother, where an incestuous object (the brother) makes his appearance, the wish to separate is directly denied. This is an example of the mechanism I described at the beginning.

The mechanism by which the allaying of the feeling of guilt in the first dream makes it possible for an otherwise repressed wish to be gratified without inhibition in the second is plainest in pairs of dreams of which the first is a punishment-dream and the second a wish-fulfilment, sometimes actually ending in a pollution. I will give an instance of two such dreams.

Dream I.: 'I am on the sea-shore. My brother comes up in a rowing-boat. He gets out but immediately jumps back into the water by the boat. The boatman is very angry with him for jumping back into the water and begins to abuse him, but my brother pays no attention to him. Now my brother is out of the water again and we go off together. The boatman behind us continues to shout and I say to him that he has no right to abuse me, for I have done nothing. We run towards the town and the boatman pelts us with stones from behind. Curiously enough, it is only I who am in danger and not my brother, for he has suddenly vanished'.

Dream II.: 'I am with a little girl of about eleven or twelve years old. She says that I may kiss her arm on a certain place at her elbow (as if it were difficult to do). But I am able to do it and kiss her all over the upper part of her body'.

The details of the analysis of these dreams are of no importance at the moment. The first is a punishment-dream, in which the punishment affords at the same time gratification of a passive homosexual wish (being pelted with stones from behind by the boatman). The essential feature, however, which was emphasized in the telling of the dream, is that the dreamer was punished though quite innocent, for it was his brother and not he who jumped into the water. He is punished for his brother's act. The brother's sinful act is incest (to spring back into the water = back into the maternal uterus). The boatman who punishes is the father, who has placed him on the sea-shore (brought him into life) and separated him from the mother (the water). The compensation for the injustice suffered in this dream is enjoyed in the second dream, which ends in a pollution. An experience from the day before suggested the little girl whom he kissed. He had met on the previous day at the analyst's house a little girl of five or six, accompanied by her mother. He had been struck by the precocious, boastful manner and speech of the little girl. His association to kissing the arm at the elbow was that it was there that he and his brother loved to kiss their mother when they were little children. He even thinks that he copied his brother in kissing his mother in this way. Thus the

pollution-dream is clearly a mother-incest dream. Having been unjustly punished in the first dream for his brother's offence, he thereby justifies himself for committing incest with full gratification in the second, and this in the same way as his brother, for he kissed the little girl in the way in which his brother kissed his mother.

The connection between the two dreams is obvious, and we see that the punishment-dream serves as a sop to conscience, so that it may not disturb the gratification in the second dream. We can see at once that this mechanism corresponds to that of the obsessional neurosis, in which activities displaying a masochistic tendency to self-punishment serve to liberate other, sadistic, tendencies. The account must balance. And the same principle is at the bottom of the manic-depressive mode of reaction, in which the torturing period of depression and self-condemnation is followed by the period of mania with its freedom from inhibitions. Punishment and licence are here divided into two successive phases; in the obsessional neurosis they exist simultaneously side by side. In the manic period conscience is quite powerless; it has exhausted its over-severe control in the melancholic phase.

I will quote another short but very characteristic example of a pair of dreams.

Dream I.: 'I ask some one to give me a newspaper. He is an unknown man, who scolds me and will not give me the paper'.

Dream II.: 'Some one is giving me change. He gives me the right change but I do not give him the equivalent in return'.

Both dreams are clear allusions to the analysis. The day before, the patient saw a newspaper in my room and asked me to let him look at it. I refused his request with some non-committal remark. The relation of the second dream to the analysis is also clear. When he was last paying his fee he remained in my debt for a small sum which was left over in changing a larger note. In the first dream I insult him unjustly—the unknown man is a familiar allusion to the analyst. In the second dream he is able to do me a material injury without incurring any guilt. The unconscious train of thought which underlies these two dreams is: 'As the analyst was so disobliging as not to let me look at his paper I will not pay what I owe him'. In this pair of dreams we see most clearly and simply the mechanism which I have described. The patient makes me guilty, in order to be free from a feeling of guilt towards me. Thus the analyst takes on the rôle of the super-ego in the pairs of dreams that I quoted earlier. In the first of

those the super-ego has its account paid : it even receives more than is owing. It can give undue play to its punishment-tendencies and inflicts unjust punishment, in order that it may be disregarded in the second dream. We have an exactly similar procedure in politics where each party waits for the opposing party to compromise itself by going too far.

The last pair of dreams, in comparison with the earlier ones, shows us the genesis of the super-ego as postulated by Freud. Here the patient's unconscious behaves in relation to an actual person in authority (the analyst) as it did towards the super-ego in the other pairs of dreams. This is the reversal of the original process of introjection which led to the setting-up of the super-ego.

Franz Alexander, Berlin.

AN INFANTILE, PRELIMINARY PHASE OF 'DEFIANCE BY LACK OF AFFECT'

There is a type of patient, as Ferenczi has quite recently pointed out, who produces no phantasies invested with affect, nor indeed any genuine affect at all, and who speaks of the most agitating experiences and recollections without becoming in the least agitated. A patient of mine uses this lack of affect entirely for purposes of resistance. He expresses his defiance of the rules of analysis by a complete indifference to analysis itself and to the analyst. I have been able to ascertain that this stoical equanimity has always been his most powerful weapon throughout the rest of his life as well. He has been in the habit of tormenting father-substitutes almost to death ; he works them into a violent passion in order that he may express his own superiority by remaining entirely without emotion.

The patient came for treatment on account of obsessional characteristics ; in spite of numerous sexual relationships he is wholly on the anal-sadistic level of libidinal organization. The sadistic nature of his unemotional defiance is obvious : it is designed to annihilate his father ; but the anal roots of this attitude could at first only be inferred by the analyst, until at last the following recollection emerged. In his childhood, when he happened to be engaged in games of an obsessional character and his father told him to come for a walk, he used to elude this order by going to the water-closet and continuing to sit there with perfect equanimity for hours at a time, until his father outside had exhausted his anger and had gone for a walk without him.

The equanimity of this patient is only occasionally disturbed by a feeling of strangeness, akin to depersonalization. When this comes upon him the whole world seems more than ever a matter of indifference, not to be taken seriously; indeed, as he makes haste to add, people who insist on taking it seriously seem ridiculous, and so funny that he cannot help laughing at the thought of how they have been taken in by the swindle this world implies. Surely it is ridiculous, he says, to take anything seriously, whatever it may be. For instance, the tragic poet seems to him ridiculous for regarding human suffering as a serious matter; so, too, the busy merchant, for whom success and honour are serious aims; the lover, whose love is a matter of life and death to him, and the analyst, who listens to all manner of nonsense with serious attention. For the patient nothing in this world is serious, or rather (he adds) some things in music are so. When he is playing Beethoven or is engaged on some musical composition, it is a serious matter—possibly, he volunteers, because music is the form of art most remote from reality. To be sure, in order to be a serious matter, music must be engaged in auto-erotically, so to speak; public performances are always ridiculous, and above all it is ridiculous to think of any of his own compositions being performed in public. At this point I explain to the patient that this is a manifestation of introversion. Reality and the society of his fellow-men are to him ridiculous, while phantasy is serious; the feeling in question amounts to a depreciation of reality and an over-estimation of phantasy: he regards the reality-principle as ridiculous and the pleasure-principle as serious. The patient confirmed this and gave the following specific associations: Most ridiculous of all are the people who interfere with everything, bother him and interrupt his auto-erotic phantasies. (He is constantly engaged in obsessional tricks which give him pleasure: reality is simply a great hindrance to this pleasure.) Why will they do it? The analyst is ridiculous (as the patient remarks for the second time), for he interferes with these pleasurable phantasies and, by laying upon him the compulsion to relate them, turns an autistic process into a social one. Finally, the great figures of reality are ridiculous; for instance, Napoleon; to think that Napoleon must either have gone to the closet or else have soiled his trousers! Here we have the source of this remarkable feeling: the child regards grown-up people, with their important doings and their prohibition of everything pleasant, as ridiculous; they behave in accordance with reality and social requirements, and yet all the time they indulge in forbidden pleasure. The

infantile preliminary phase of the feeling of depersonalization is the same as that of the ' unemotional ' defiance : the father who interferes with the child by demanding that he shall go for a serious walk becomes (together with all the real world) ridiculous, for all his rage, when he is powerless before the boy locked in the water-closet, and need no longer be taken seriously.

Otto Fenichel, Berlin.

A SCREEN-MEMORY *IN STATU NASCENDI*

A year ago my son, now aged three and a half, was suffering from an inflammatory phimosis. I took him to a surgeon, who relieved the stricture by means of stretching. During the operation the little boy's behaviour was comparatively calm and reasonable, and this won him high praise from the surgeon and also a reward in the shape of a peppermint-drop.

When the child was dressed again and was told to thank the surgeon and say good-bye, the latter crowned his skilful and beneficial work by saying : ' Look here, you're a good boy ; just see what I've got here ' (so saying, he took out of his instrument-drawer a large pair of scissors). ' Next time you come I will cut the whole thing off for you with these ' ! He laughed in a friendly, jovial way, but the child ran to me with a cry of terror and, trembling with agitation, sobbed in my arms.

I tried to soothe him in every possible way and to comfort him with the assurance that ' the uncle was only making fun '. When we got home and during the next few days I thought I should be able to help the child to get over the shock he had experienced through the threat of castration. I gave him a pair of scissors to play with, to help to give him a sense of mastery over the instrument, and I told him over and over again that ' the uncle,' too, had only been playing with the scissors and had had no intention of doing anything to him with them. At the time I hoped that in this way I had counteracted the psychic trauma, but this year I was undeceived.

The child was suffering again from an irritation of the glans penis, which easily yielded to local bathing. But in connection with this recurrence of the trouble the little boy began of his own accord to speak of his experience of the year before with the surgeon. He recounted with unusual vivacity, happy excitement and remarkable accuracy many *unimportant* details of what had happened to him in the sur-

geon's consulting-room and on his way there and back. He told how he had waited for the electric tram, about the journey itself, how he had seen other trams pass, how the trees had glided past the carriage-windows and so forth. He also reported fragments of the conversation which my colleague had had with me in the child's presence—such secondary matters as the difficulties of housing accommodation and heating. Finally he copied, in a manner which was plainly meant as a caricature and with visible satisfaction, the surgeon's tempting question : ' Would you like a peppermint ? '

I was quite amazed at the reproduction of all these details, which I myself only recollected when my son recounted them. It could not fail to strike me, moreover, that he said not a word of the great mental distress he experienced on that occasion and the threat of castration. Thinking that even then I might help to remove the repression of this traumatic experience and to make it possible for him later on consciously to master it psychically, I asked him : ' Don't you remember what else the uncle said ? ' He did not answer. ' Don't you remember the joke he made ? ' No answer. ' Hadn't he got a pair of scissors ? ' The child said, *laughing :* ' Yes, a pair of scissors.' ' Do you remember that still ? ' ' Yes, he made such a joke with the scissors '. But he could no longer remember *what* the surgeon's joke had been. I said : ' Didn't he say in fun he would cut something off you ? '' Thereupon the child cried out merrily : ' Oh yes, he said he would cut *my hair* off ! '

I have told this little every-day story of a ' jesting ' threat of castration in so much detail because, as a direct observation of the child, it demonstrates with the convincing force of an experiment the mechanism by which a ' screen-memory ' arises.

We have here full confirmation of what Freud has told us about ' the riddle of childhood-amnesia and of the fragments of recollection which break through it '. The banal and secondary character of the incidents which the child remembered after a year had elapsed is only apparent. In reality an experience of the utmost importance was being reproduced, only the central feature of it, the castration-threat which he took seriously, had undergone repression, and therefore, through a displacement, instead of the actual unpleasant ideas the associated more pleasurable ones were remembered.

The displacement exhibits here quite plainly an elective tendency which aimed at pleasure and which gathered strength when, owing to my urgency, the unpleasant ideas threatened too strongly to break into consciousness. The final result of the mechanism was the forma-

tion (or utilization) of a genuine symbol, the conscious idea of cutting off the hair taking the place of the unconscious idea of cutting off the penis.

From the metapsychological point of view the mental struggle which took place becomes clear if we reflect that in the situation I have just described the child was under the same psychological necessity as are analytic patients when, by the force of the transference, they are torn between resistance and repetition-compulsion and are obliged to make mental compromises.

Of course it was no chance which led the boy to reveal just to me, his father, and at the moment his physician, that catamnestic disturbance of memory. For in the child's unconscious I and the physician on that other occasion were identical, so that in conversation with my son I became, by way of the surgeon, as it were, the representative of my own imago. The somatic renewal of a treatment of the penis thus acquired the further importance of a mental repetition of the content of the experience the year before.

Obviously, this served the purpose of discharging an affect (anxiety), whilst dissociating it from the actual corresponding idea which belonged to the castration-complex. From the dynamic point of view the substitutive recollection which emerged in place of the original idea represents an anti-cathexis designed to prevent the repressed material from returning, as it just then threatened to do.

The powerful affects displayed—the vivacity, general excitement and above all the exaggerated merriment—were serving the economic tendency to ward off the anxiety, once more pressing for discharge, by a kind of over-compensation ; that is to say, to bring the repetition-compulsion under the sway of the pleasure-principle.

I am inclined to assume that most of the screen-memories which make their appearance during psycho-analytic treatment (including those which the patient seems to bring with him and of which he seems wholly convinced and conscious) arise for the first time in an analogous manner under the influence of the transference and the repetition-compulsion. We constantly observe that patients in this analytic situation have a tendency to make or repeat witticisms instead of surrendering themselves to the free association which would lead to laying bare the repressed content of their minds. From Freud's elucidation of the technique of joking we know that the pleasure thus attained includes amongst other things a compensation for the expenditure the subject has made on repression, and that laughter itself provides a motor discharge for transformed anxiety.

Our insight into the psychology of wit helps us also to understand that on the occasion of the bloodless operation the medical ' Laios ' in his ' joke ' gave explosive vent to the aggressive sadistic inclinations which were being restrained in him. Consciously, of course, a seriously intended castration-threat was so far from his mind that he, for his part, could *laugh* heartily at it as at something quite alien to himself. But the little boy was forced to give vent to his anxiety in the childish manner in *tears*, for he reacted not to the joke but to the cruel tendency which for him was wholly undisguised. Quite simply, he experienced a terrifying, real threat, against which, at the age of two and a half, he was perfectly defenceless.

It is only now in his pleasurably elaborated reproduction that he arrives at the joke, and this he does by introducing into the situation the distortion which at that time was lacking in it. In the idea of cutting off his hair (the amusing disguise of the castration-threat) he succeeds in doing this by means of a ' displacement from below upwards '. The threat becomes ' a joke ' when it is directed against the hair, which is sacrificed without pain and, as we know by experience, will grow again.

With this mental operation the child forged for himself a weapon of defence, of which there is much need at our present exalted level of civilization in which we curb our cruelty and only allow ourselves to injure our fellow-men *mentally*. Nevertheless there are many adults who remain all their lives helpless children in the face of attacks of this sort. They are saddened or wounded if people jest with them because, as we say, they do not ' understand a joke '—in reality they understand it only too well.

If, later on, this little boy comes to have psycho-analytic treatment the analyst may register it as a great success for himself if, under the influence of transference, the patient *believes* that he recollects that his father once threatened his penis with a pair of scissors. But if he never needs analytic treatment the incident will remain in his mind as a merry childish recollection of what happened to him in the consulting-room of a kind and beneficent physician.

Ernst Simmel, Berlin.

A SLIP OF THE NEEDLE

A few weeks ago Dr. Wilhelm Stekel sent me his latest book, *Sadismus und Masochismus.* On page 729 I found the following reference to myself :—

" Mein Freund A. E. Neill, der bekannte englische Pädagog und Schriftsteller, Verfasser zahlreicher anregender Bücher aus dem Leben der Schule und der Schüler, hat ein neues System geschaffen, in dem die Kinder machen können, was sie wollen. In einzelnen Fällen hat er bemerkungswerte Resultate erzielt. Und doch scheint es, dass er von einem Extrem ins andere verfällt, weil er von der These augseht : Das Kind ist von Haus aus gut und wird durch falsche Erziehung schlecht gemacht. Wir verfügen über andere Beobachtungen. Das Kind ist weder gut, noch schlecht, es steht jenseits von gut und böse. . . ."

(My friend, A. E. Neill, the well-known English pedagogue and writer, author of many stimulating books about school and scholars, has created a new system in which the children can do what they like. In certain cases he has had remarkable results. And yet it appears to me that he flies from one extreme to the other, for he sets out from the theory that the child is born good and is only made bad by wrong education. We are of another opinion. The child is neither good nor bad ; it is beyond good and evil. . . .)

Reading the above words gave me mixed emotions. I was flattered at being called a friend by so well-known a man as Stekel, but on the other hand I had grounds for annoyance. My initials are not A. E. I am not an English pedagogue : I am a Scot. I did not like to be set up so that I might be knocked down again.

The book was in paper covers, and I began to bind it. Binding a book is a laborious process : one must sew many sections together. Each section has its own number, so that the binder watches the numbers of sections and not the numbers of pages. I bound the book and then opened it. A page fell out. My name was on it.

A. S. Neill, Lyme Regis.

OBITUARY NOTICE

JOSEF BREUER

On June 20, 1925, Dr. Josef Breuer died in Vienna in his eighty-fourth year. His name is indissolubly connected with the beginnings of psycho-analysis, for it was he who created the cathartic method.

Breuer was a physician, a pupil of the clinician Oppolzer. As a young man he worked under Ewald Hering at the physiology of respiration and later, in the few leisure hours which a large medical practice permitted him, he conducted some successful experiments in relation to the function of the vestibular apparatus in animals. There was nothing in his training to suggest that he was destined to win the first really important piece of insight into the eternal riddle of hysteria and to make a contribution of imperishable value to our knowledge of the mental life of mankind. He was, however, a man of rich and many-sided gifts and his interests extended in many directions far beyond his special professional work.

It was in the year 1880 that chance threw in his way a particular patient, a girl of unusual intelligence, who whilst nursing her invalid father had fallen a victim to a severe hysteria. The method which Breuer employed on this famous ' first case,' the indescribable care and patience with which he carried out the technique when he had once lighted upon it, till the patient was freed from all her incomprehensible symptoms, the understanding of the mental mechanisms of neurosis which he thereby acquired—of all this the world learnt nothing until about fourteen years later, when he and I together published our *Studien über Hysterie* (1895). Even then it was unfortunately necessary to present his findings in a greatly abridged form, and they had to be subjected to a rigid censorship from motives of medical discretion.

We psycho-analysts, who have for long now become accustomed to devote hundreds of hours to a single patient, can scarcely picture to ourselves how novel such an attempt must have seemed forty-five years ago. Probably a high degree of personal interest and, as one may call it, medical libido was bound up with it ; but at the same time it implied a considerable measure of freedom of thought and unerring judgement. When we published our *Studien* it was already possible to refer to the writings of Charcot and the researches of Pierre Janet, which deprived of their priority certain of Breuer's discoveries. But, when he treated his first case (1881–82), none of these works as yet

existed. Janet's *Automatisme psychologique* appeared in 1889, and his other book, *L'état mental des hystériques*, not until 1892. It would seem that Breuer's researches were entirely original and directed only by such suggestions as the particular case afforded him.

Repeatedly (and quite recently in my latest work (1925), the *Selbstdarstellung* in Grote's collection entitled *Die Medizin der Gegenwart*) I have endeavoured to define the limits of my share in the *Studien* which Breuer and I published together. My principal service consisted in re-kindling in him an interest which seemed to have been extinguished and then urging him to publish his conclusions. A certain characteristic shyness, an inner modesty, which was surprising in so brilliant a personality, had induced him to keep secret his amazing discovery all that time, till it was no longer altogether novel. Later, I had reason to suppose that another, purely affective, consideration made further work at the elucidation of the neuroses repugnant to him. He had encountered the inevitable transference of the patient to the physician and he had not grasped the impersonal nature of the phenomenon. At the time when he yielded to my influence and was making preparations for the publication of the *Studien* it seemed as though his opinion of their importance was fully established. Indeed, he said to me one day: 'I think this is the most important communication that we two shall ever make to the world'.

Besides the history of this first case of his, Breuer contributed to the *Studien* a theoretical essay which, far from being out of date now, contains thoughts and suggestions which have still not been adequately exploited. Anyone who studies this speculative treatise will receive a correct impression of the intellectual calibre of the author. It is to be regretted that the time during which his scientific interest was directed to our psychopathology constituted only a brief episode in his long life.

Freud.

ABSTRACTS

General

H. Torrance Thomson. The Attitude of the Medical Profession to Scientific Problems. *Edinburgh Medical Journal*, June, 1924.

The subject is treated with special reference to factors which tend to interfere with judgement. The general attitude of the profession to the findings of psycho-analysis is chosen as an illustration : it is suggested that this attitude exemplifies the operation of certain of these tendencies in an unusual degree.

The reception accorded to psycho-analytic conceptions is considered, with illustrations drawn from specific instances, and extracts from Freud's *History of the Psycho-Analytic Movement* are given in amplification of these.

A comparison is then drawn between this reception and that conceded to Darwin's theory of evolution, with the object of showing that the opposition to the latter was almost, if not quite, as virulent as that encountered by psycho-analysis.

Reference is made to the opposition which new ideas normally meet with, and to the rôle played by affective factors generally in vitiating judgement.

Finally, attention is drawn to the danger of being satisfied with superficial explanations and of acting on inadequate knowledge.

The paper represents an attempt to direct notice to certain tendencies which, though they may be acknowledged, are apt to be forgotten or insufficiently appreciated.

Author's Abstract.

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T. A. Ross. The Attitude of the Medical Profession to Scientific Problems : A Rejoinder. *Edinburgh Medical Journal*, September, 1924.

Though projected as a rejoinder to the foregoing, this paper is, in the main, an attack on Freud.

Dr. Ross asks if the profession ' has, on the whole, shown indifference or hostility to these developments of natural science, which have a bearing on its practice ' ? He thinks that medical men have welcomed new ideas, when they have been ' accompanied by proper evidence '. He instances X-rays and bacteriological and serological methods of diagnosis and treatment. ' Whenever, in short, there has been a sign that the problem really was a scientific problem, it has at once obtained a fair hearing '. If this sign is lacking, opposition is to be expected.

Sir James Simpson's attitude to Hahnemann is justified in that it sprang from ' a hatred of shams and a hatred of arrogance '. If Dr. Ross will read Godlee's *Lord Lister*, he will note that Sir James's opposition

could be roused by something different from ' hatred of shams and hatred of arrogance ', and that the fact of a problem being scientific does not necessarily ' at once ' ensure a fair hearing, even when ' accompanied by proper evidence '.

Dr. Ross goes on to say that there is ' at least a *primâ facie* case ' in favour of the possibility that ' the Freudian doctrines are not scientific problems at all but something else '. ' They might, for example, turn out to be, in part at least, philosophical speculations, modes of thought which have always been greeted with strenuous opposition on the part of those who disagreed with them '.

It is stated that ' the unproven, if enunciated by Freud, must be accepted or one is without the pale '. ' The unproven statements of Freud have reference chiefly to the interpretation of symbols. . . . Every object about which one dreams is regarded as being symbolic of something else and the interpretation of these symbols is a matter for the physician '.

In addition to his scepticism, Dr. Ross is impressed with the danger of psycho-analysis. ' Sometimes these doctrines have been very damaging and dangerous '. ' Most of us who see many nervous patients, have in recent years come across those who have been grievously hurt by the application of Freud's doctrines '.

' What then are Freud's complexes ? Narcissism is clearly one ; and there is a curious inability to perceive that if you object to your opponents vilifying you, you should not do so unto them. Surely a true psycho-analyst should be able to do better than this '.

After all this, one is mildly surprised to read of Dr. Ross's hope that he has indicated that the medical profession is ' truly grateful for the good work which Freud has done, which it has grasped and utilized and will not abandon '.

The paper finishes with a quotation from Adler (' who assuredly has given much thought to the subject of psycho-analysis '), with the implications of which it is to be presumed, Dr. Ross conforms.

' Neurosis and psychosis are modes of expression of human beings who have lost courage. Any one who has acquired this much insight into individual psychology will thenceforth refrain from undertaking with persons in this state of discouragement tedious excursions into mysterious regions of the psyche '.

* H. Torrance Thomson.

Victor Emil Frankl. Zur mimischen Bejahung und Verneinung. *Internationale Zeitschrift für Psychoanalyse*, 1924, Vol. X, p. 437.

Suggests that the head movements expressing assent are ultimately derived either from the movements of chewing or the movements of coitus and that the corresponding gesture of dissent is connected with the shaking movements associated with disgust.

J. C. F.

R. de Saussure. La valeur scientifique de la psychanalyse. *L'Encéphale*, 1924.

The writer gives a concise but very clear account of the scientific value of the psycho-analytic method, stressing the fact that it must be reckoned amongst psychiatric methods of examination. Of these he distinguishes two groups: the method of questioning and that of observation, and includes psycho-analysis in the latter. He makes use of a very apt metaphor in order to distinguish the psycho-analytic from the ordinary psychiatric method of observation. The psychiatrist, he says, is like a student of language who looks for the nouns and verbs in a sentence; the psycho-analyst, on the other hand, tries to explore the syntax. He divides the subject-matter of psycho-analytic research under three headings: investigation (1) of repressed instincts and experiences, (2) of the factors determining the interests and behaviour of patients (*interdépendance des préoccupations des malades*), (3) of the mode in which the unconscious expresses itself. He indicates certain ways in which the unconscious manifests itself in dreams and symptoms. He quotes various instructive examples in support of his exposition and concludes with the remark that psycho-analysis is the best method we possess for exploring the unconscious.

* Loewenstein.

Garley. Der Schock des Geborenwerdens. *Internationale Zeitschrift für Psychoanalyse*, 1924, Bd. X, S. 134.

A consideration of the possible influence of pre-natal and birth experiences on neurotic manifestations. Mrs. Garley inquires whether all neurotic reactions except those associated with inherited predisposition may not be re-enactments of pre-natal pleasure states or of the birth experience itself. Arguing from the fact that six-month babies are fully developed and that premature children who survive are just as intelligent as full-time babies, she infers that the intelligence centres of a fœtus from six and a half months to full time are receptive to psychic impressions which must have a strong pleasure tone. She assumes further that birth experiences must leave an equally strong psychic imprint. She enumerates general points of contrast between pre- and post-natal existence, a contrast which, she holds, must give rise to psychic shock. The most important factors are loss of freedom during birth, pressure especially on the head giving rise to pain, strong visual, auditory and tactile stimuli, sudden use of respiratory, circulatory, heat-regulating, alimentary and excretory systems, unpleasant taste impressions and a feeling of uncertainty.

The process of birth is then considered in detail, emphasis being laid on the nature of the mechanical obstructions, the resultant pressure on the head during moulding and the consequent pain. Mrs. Garley thinks that children at whose birth version has been adopted are easy to handle, healthy, strong and contented. The influence of forceps-delivery is con-

sidered and the relation of face injuries to subsequent painful suckling impressions. Occasional correlations with subsequent states are suggested, e.g. the baby's fear of being touched with unhappiness in married life from difficulties in intercourse. Emphasis is laid on the results of obstruction of umbilical circulation and of physical trauma to the central nervous system. The effect on the sensory nerves of delivery through the vaginal canal seems to be regarded by the author as of equal importance, and she correlates inferiority feeling with the results of counter-pressure applied when the head is in the perinæum. She finally considers post-natal stimuli in detail, e.g. light, cold, washing, slapping, noise, dorsal decubitus, etc. Some cases of death from slight burns are considered from the point of view of birth trauma. Mrs. Garley has confined herself to a description of situations which, she considers, must have some traumatic effect.

Edward Glover.

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Henri Claude. Considérations critiques sur la psychanalyse. *Progrès médical*, 1924, No. 24.

It must be reckoned a great merit in Professor Claude that he has been the first man in France to point out the futility of discussing psycho-analysis theoretically, instead of studying it without prejudice and in all seriousness, as becomes a serious scientist, in order to form some conception of its value. At his clinic (the Psychiatric University Clinic in Paris) Claude has submitted to psycho-analysis cases of obsessional and anxiety-neurosis, psychopathic disturbances, and complaints of the sexual life, such as frigidity and homosexuality—cases in which the ordinary psychotherapeutic methods have failed. He is convinced of the good results which have been achieved by the analyses conducted by his assistants, Laforgue, Allendy and de Saussure. Claude believes that not only the sexual instinct, whose powerful influence upon the mental life he duly recognizes, but also the instinct of self-preservation and the egoistic impulses are liable to repression and capable of producing complexes. He holds that psycho-analysis, presented in a manner appropriate to French mentality, should be unconditionally applied in suitable cases and that its effects may sometimes be reinforced by means of drugs and hormonal treatment.

Loewenstein.

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Leo Stein. Dr. Drever on Psycho-Analysis. *Mind*, 1924, Vol. XXXIII, p. 478.

A criticism of Dr. Drever's review of Wohlgemuth's book on psycho-analysis. Commenting on Wohlgemuth's experiments on the relation of feeling and memory, the author makes some pregnant remarks on the influence of oblivescence upon philosophic criticism.

J. C. F.

M. D. Eder. The Psychology of the Expectant Mother. *National Health and Nursing Notes*, September, 1925. (Originally given as an address to the Summer School of Maternity and Child Welfare during 'Baby Week,' July, 1925, London.)

The speaker discounted the superstitions associating mental influences on the mother with the child's mentality. It is possible that affective disturbances may influence the maternal endocrine system, but nothing definite is known of the matter. The narcissistic self-withdrawal during pregnancy was discussed and the symptoms of morning sickness considered in terms of ambivalency.

Barbara Low.

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Clinical

S. Ferenczi. Forcierte Phantasien. *Internationale Zeitschrift für Psychoanalyse*, Bd. X, S. 6.

The necessity on occasion to give certain directions to the patient as to his or her action, to interrupt the stream of talk; the extension of such directions and interruption to the patient's phantasies are based upon the fundamental psycho-analytic rule—overcome resistances. The method differs from the therapeutic use of suggestion since its aim is quite other, as is the immediate reaction; moreover the analyst must be ever ready to modify or withdraw his directions if they are erroneous or incomplete, even if already accepted by the patient. In cases where the analysis is not progressing favourably the objection against giving on occasion direct association commands thus disappears.

Where there is more or less complete absence of phantasy during analysis as in life, where dramatic scenes are reproduced without corresponding affect, Ferenczi does not hesitate to compel the patient to bring up the adequate reaction, and should this fail to imagine and invent such reactions. The objection usually made, that such phantasies are artificial, unnatural, is accepted; the truthfulness and the objective reality of such phantasies may be questioned. Hesitatingly at first, but with increasing reliance, such artificial phantasies are produced. Usually the interval till the next sitting suffices to undo any value, so that the same or similar phantasies must be frequently repeated till insight is obtained. In other cases there results quite unexpected material which furthers the analytic work. Should this now contradict the forced phantasies the error must be recognised. Three kinds of phantasies come chiefly into question:

1. Positive and negative transference phantasies.
2. Infantile reminiscences.
3. Onanistic phantasies.

Examples are given from recent cases.

A man not deficient in phantasy although very inhibited in emotional expression was told rather brusquely that his friendly and affectionate

attitude towards the analyst was futile; a limit was set for the analysis by which he would be discharged, cured or not. Instead of the expected reaction of anger and revenge the next sittings were colourless and workless. Told that he must dislike the analyst, he replied that he felt nothing but friendliness. Compelled to express hostile ideas there came, after the usual attempts at refusal, a series of increasingly hostile phantasies finally accompanied by obvious anxiety. Then a phantasy of putting out the eyes of the analyst, who was made to play the part of a female. In the result the patient was able to relive in the person of the analyst nearly every infantile situation of a complete Œdipus situation. Ferenczi gives in some detail two other cases where this technique was used. This procedure was seldom employed except towards the end of treatment. No general rule can be laid down as to the kind of phantasies to be demanded. Much experience is required in ' non-active ' analysis before venturing on interfering in any way with free associations. If a false direction is given (as happens to even the most experienced) the cure is prolonged instead of shortened. Ferenczi concludes his paper with some observations on the relation of phantasy to infantile sexual traumata. He finds that poverty in emotional expression is most frequent in children who have been ' too well ' brought up. A certain measure of ' sexual trauma ' is beneficial. But this must be not too much, too strong, or too early.

M. D. Eder.

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H. Nunberg. Depersonalisationzustände im Licht der Libido Theorie. *Internationale Zeitschrift für Psychoanalyse*, Bd. X, S. 18.

Schilder's definition is accepted which regards this state as one where the ego and the external world seem to the patient different from heretofore, changed and unreal.

Such feelings are commonest among schizophrenics. But every analyst will hear complaints of such a condition in cases of transference neurosis. Histories of six cases are given: The first case described was an hysteric who frequently complained of peculiar feelings of strangeness in his body. He once narrated a dream where a horse in the stable grazed off a sausage suspended high up. Analysis showed it to be a castration dream. During the recital the dreamer experienced a peculiar sensation in the arm as if it did not belong to him; he felt as if the arm were in some corner of the room. The castration symbolically experienced in the dream was continued in the waking state as the loss of a part of his physical self.

Although there is much still obscure, Nunberg concludes: States of depersonalization depend upon a discharge of libido. The actual ego perceives its capacity to give satisfaction to the libidinal desires. The loss of libido is experienced as a narcissistic wounding. The super (ideal) ego can no longer be fulfilled in its ego, having abrogated relationship to its ego. Hence there arises a disturbance in the feeling of self.

A discharge of libido occurs not only in the narcissistic but also in the transference neuroses. In the former it extends, even when the discharge is only partial, to unconscious objects, while in the latter it extends only to real, conscious ones.

In both cases there is a weakening of the ego and a consequent readiness for the irruption of unconscious phantasies into consciousness.

Feelings of unreality occur everywhere, even if only temporarily, probably precede all neuroses, and only in particular cases continue as the prominent symptom.

The further development of the particular varieties of the disorder depends upon the disposition.

M. D. Eder.

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Karl Landauer. ' Passive ' Technique. *Internationale Zeitschrift für Psychoanalyse*, 1924, Bd. X, S. 415.

The process of making clear to a patient the working of his instinctual forces requires much expenditure of love and time on the part of the analyst, involves also suppression of curiosity and of the desire for speedy cure. Hence it is natural to expect a tendency to hasten matters by abandoning reserve and actively emphasising individual wishes and associations. But individual repressions on the part of the patient never loosen primary repression for that patient. One legitimate piece of activity is based by Landauer on the fact that transference manifestations are often unwittingly overlooked, i.e. on the general principle that unconscious tendencies lose their drive on being rendered conscious, but that, if allowed to accumulate in the unconscious, they gain in force. Thus in depressive states one can head straight for investigation of hate and death wishes, ignoring for the time the weak positive attitude which exists in such cases and so allowing it to accumulate. The ground can be prepared for this investigation if at the first session the explanation of plastic representation is given, e.g. that the patient, instead of *saying* ' I hate ' will *actually* hate the analyst, etc. Using this technique, Landauer found that depressive states could be cured in four to six months. Similarly in schizophrenic disturbances both positive and negative manifestations can be neglected in favour of a close inquiry into mechanisms of identification and of projection. In cases where auditory hallucinations are dealt with, the relations between analyst and patient need not be conducted in the first and second person but in the third person or indeed impersonally, e.g. *Was denkt es in ihm?* In the ordinary way the tendency behind the hallucination must be disguised, but now this is brought into reality: the real world enters into the unreality of the phantasy world. We accord him the pleasure gain of overcoming us by identification and, by ignoring the positive object-transference, allow it to increase where formerly the patient had to defend himself against a positive attitude by projection. It is a case of '*Eintragung*' rather than 'Übertragung'.

In perversions, impotence and obsessional neurosis, the positive is allowed to increase through inattention, and the negative transference and all projections are investigated directly. The positive should only be dealt with when transference becomes a resistance, e.g. when dislike and obstinacy, usually covering a positive attitude, are manifested. The author does not find himself in agreement with the activity of Ferenczi and Rank, still less so with methods of ' wild ' analysis. If purely interpretative methods are adopted in the psychoses the result is almost invariably an exacerbation of symptoms, stupors, confusional states, hallucinations, etc. Four factors are of importance: (1) avoidance of interpretative activity, (2) the significance of identification and projection and the necessity of making use in the cure of narcissistic object-choice, (3) the fact that negative transference, which may be overlooked in the earliest sessions, will, if neglected, ruin the analysis later on; the positive, however, can be neglected, (4) the patient's habit of using dramatic representation instead of association. An exact description of deeds is more convincing than interpretation of words.

In regard to setting a period to the analysis itself, Landauer thinks this is not often necessary. If it should prove so, he makes use of the fourth factor mentioned above, i.e. explaining that a stale period following effective work is in itself a representation of the attitude of dependence, positive transference, ultimately of the intrauterine position. After this the patient usually fixes his own terminal period: if the analyst fixes it, the patient again becomes ' passive '. Fixed analyses of the latter type usually end unfavourably: the patient must cure himself just as he made himself ill. Whilst holding the view that his technique is passive in terms of theory, Landauer claims that it is just as active as that of Ferenczi and Rank. It is active not only through silence and *laissez faire*, which thus ' force ' memories, dreams, etc., but, as in depression and schizophrenia, his passive technique permits forbidden excitations. Conscious passivity and reserve represent the most extreme form of activity.

Edward Glover.

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M. Chadwick. Über die Wurzel der Wissbegierde. *Internationale Zeitschrift für Psychoanalyse*, 1925, Bd. XI, S. 54.

An attempt to trace the origin of the desire to acquire knowledge from the child's early wish to satisfy his or her curiosity. It is familiar that the dynamic derived from repressed wishes seeking a substitute goal, the original being prohibited, is stronger than when the aim is conscious and direct. This paper follows up the suggestion in Rank's paper, ' Perversion und Neurose ' (*Zeitschrift*, VIII.) that the query ' Where do children come from ? ' covers the still deeper object of curiosity, ' Can I myself bear a child ? ' The child thus becomes not only the symbol of all else desired, or

once possessed and lost, but also all objects about which curiosity has been felt, and so makes a concrete and cumulative object of curiosity, which for all these reasons becomes inextricably bound up with prohibitions, guilt and later inhibitions.

Because of the child's tendency to confuse words and objects, to gain knowledge of an object is second to gaining the thing itself. Consequently, to be refused all knowledge of a desired object makes the denial more acute. The child realizes early that he is inferior to adults in that their knowledge is superior to his own, and especially upon this question of the advent of the baby. If then the repression of the child's real wish both to bear a child, or at least to know from whence it comes, is the source of much early curiosity, it would seem that in the subsequent thirst for knowledge, the gratification of which we may find occupying the first place in the life of an individual, to the exclusion of any interest in marriage or children, we may see the one being substituted for the other. Again, we may find yet another alternative: repression of childish curiosity in this particular direction may not always reach a successful sublimation in scientific research, but the curiosity can also gain an outlet in that condition of obsessional neurosis, known as *folie de doute*, where all knowledge is discounted by doubt.

If we should review those people throughout the ages whose especial function it has been *to know*, we find two peculiarities, a tendency to homosexuality, and a taboo upon the acquisition of knowledge, which is most strictly in operation where women are concerned. This aspect of the question is of especial importance in the present question. Originally the boy felt that his mother denied the knowledge he craved, and also possessed the baby he wished for. Out of revenge, therefore, he does not wish her to gain what he strives to put in the place of that which he now knows he cannot have. This desire for the child by the man was shown by the mediæval alchemist in his attempt to produce the Homunculus, as well as in the dreams and phantasies of the modern boy, or the author who, like Neitzsche, regards his books as his offspring.

The tendency to homosexuality on the part of men who adopt the pursuit of knowledge would emphasize the view that they have turned from the mother as the love-object and are now identifying themselves with her, in that they seek to substitute knowledge for that which she both possessed and denied them, or some mental production which shall typify the child they cannot bear. They remain unmarried and childless, since they will not enable another to do that which they cannot themselves, and for this same reason we probably find the loud outcry against allowing women knowledge concerning the use of contraceptives—men are loath that she shall know how to control the function for which unconsciously they envy her, and by reason of repression and the mechanism of reaction-formation, change their envy frequently into a contempt for women.

Author's Abstract.

Birnbaum. Die Psychoanalyse vom Standpunkte der klinischen Psychiatrie. *Deutsche Medizinische Wochenschrift*, 1924–25, Nr. 51, 52, 1–4.

Birnbaum gives a clear account of the fundamental ideas of psycho-analysis. He selects from the psycho-analytical body of doctrine such points as are in his view scientifically valuable and useful and of importance for clinical psychiatry. But we are glad to realize that he ultimately accepts all the essential findings of psycho-analysis. Such reservations as he makes have reference to the exclusive emphasis laid upon the sexual factor. Here, however, he fails to observe that the concept of the sexual in the psycho-analytical sense is by no means identical with what we mean by the term 'sexual' in everyday life. Moreover, psycho-analysis has never represented the sexual as the sole effective instinctual force in mental life, while it constantly emphasizes the importance of the ego-instincts. Indeed, in his most recent works Freud's aim has been to give a more profound account of these instincts. The validity of the mechanisms upon which Adler throws the main stress—over-compensation, the masculine protest, the guiding line—has never been contested by psycho-analysis; it has instead merely demonstrated the part played by the libido and, by its thorough investigation of the ego-ideal, has deepened our psychological insight into these phenomena, while the part of the ego-instincts has not been neglected. Most of the rest of Birnbaum's criticisms are not directed against the correctness of the findings of psycho-analysis but simply reiterate that their applicability is limited to a larger or smaller number of individual cases. True, Birnbaum has not indicated any definite mental provinces and phenomena which are fundamentally incapable of explanation from the psycho-analytical standpoint. I do not think that he will be able to do so even in an essay of greater scope than this paper, which is written for instructional purposes Birnbaum recommends caution in the assumption and interpretation of symbols. Here we are in full agreement with him, but at the same time we must add that to the practised eye symbolism is transparent and illuminating when the unpractised eye sees merely an arbitrary trick of interpretation. All interpretation of symbols is ultimately determined by the nexus of individual experience, revealed in the subject's associations and general behaviour. One of the things which psycho-analysis has taught us is that in the deeper mental strata of mankind the nexus of individual experience displays certain elements common to all. Birnbaum's account deals for the most part only with the older findings of psycho-analysis, and he has disregarded, obviously for reasons of method, its later range of problems. Hence, his exposition is not completely satisfactory to psycho-analysts. At the same time his intelligent and objective handling of it represents no inconsiderable advance in the attitude of clinical psychiatry to psycho-analysis, and this is a welcome fact. We must of course not disguise from ourselves that this advance is the individual achievement of an eminent representative of

clinical psychiatry, and that as yet there is no sign that official German clinical psychiatry is inclined to occupy itself with psycho-analysis in any way worthy of the subject.

Schilder.

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A. J. Westerman-Holstiyn. Professor G. Jelgersma und die Leidener psychiatrische Schule. *Internationale Zeitschrift für Psychoanalyse*, 1924, Bd. X, p. 254.

This is an account of Professor Jelgersma's psycho-analytical contributions and influence, referring to the public announcement of his support in 1911 and his share in founding the Nederlandsche Vereinegung voor Psychoanalyse in 1917.

While not opposed to theoretical speculations he accords priority to empirical observation. He has not himself, however, eschewed theorizing. Much of his earlier pre-analytical work was in harmony with the Freudian standpoint. He has advocated the separation of neurology and psychiatry.

James Glover.

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H. Codet and R. Laforgue. Le transfert dans la psychanalyse. *Le Progrès Médical*, 1925, No. 7.

The two authors of this book set themselves no small task when they undertook to give an account of the transference-phenomenon to a circle of readers who know nothing at all, or very little, of psycho-analysis. So much the more is their performance of this task worthy of recognition. They consider the transference mainly from the point of view of the repetition-compulsion; they show the importance of the son's attitude to the father in the relations of the adult man to religion and to persons in authority. They describe the way in which the neurotic is bound to the family, and go on to explain this pathological fixation. In conclusion they give an account of the part which the transference plays in analytic therapy.

Loewenstein.

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Paul Schilder. Die Angstneurose. *Wiener Medizinische Wochenschrift*, 1923, No. 37.

The author gives a detailed account of the Freudian theory of the anxiety-neuroses. He assumes that in anxiety-states the vaso-vegetative mid-brain apparatus is involved and, to some extent, the region surrounding the third ventricle, and connects this with the fact that the centres for sexuality are situated in the same region. In encephalitic patients anxiety-states may be observed in which the clinical picture cannot be distinguished from that of anxiety-neurosis. 'We must suppose that these cerebral regions which in neurosis are affected by converted sexual excitation may at times also be injured by a physical process'.

W. Reich.

Joseph Shaw Bolton. The Sixth Maudsley Lecture: On Mind and Brain. *Journal of Mental Science*, July, 1925.

After enunciating the somewhat ambitious programme of his lecture as ' a general description of the present state of our knowledge of mind and brain in so far as this is based on facts and not on preconception or theory ', the lecturer proceeds to give approximate dates of origin of insects, arthropods, birds and mammals—dates (facts!) in which many authorities would declare there are hundreds per cent. of error.

We presume that the main object of a Maudsley lecture should be to throw some light on the nature and treatment of mental disease; but all that we are told about this is that mental disease is ' the best example of our racial immaturity ' and that ' we have to care for our racial failures rather than cure them '. Dr. Bolton's method of approaching the subject is to give a dissertation on the origin and behaviour of insects, birds and mammals, paying special attention to the cerebral anatomy of geese, turkeys, pheasants, tom-tits and parrots. Then follows an extraordinarily crude and confused attempt to correlate certain mental functions with cerebral structure.

One might suppose that so barren a field as this might justify psycho-analytical investigation. Oh dear no! There is no such thing as ' free association ' because a conscious subject cannot avoid directive effort. ' It is only during sleep that post-Rolandic association of ideas can run riot and criticism or voluntary control is in abeyance '; yet Dr. Bolton is the superintendent of a large county asylum with more than 2,000 patients and a traditional scientific reputation. Dr. Bolton is glad that he has no unconscious mind; indeed such a thing does not exist. It therefore follows that any attempt to interpret dreams is at most very superficial.

If we may judge from his quotations, Dr. Bolton's knowledge of Freudian doctrines is gleaned from Hadfield's *Psychology and Morals* and Wittels' so-called biography of *Sigmund Freud*; yet we believe we are correct in stating that Dr. Bolton is the only ' Professor ' of Mental Diseases in England.

It is curious that, although Maudsley clearly discerned some sexual basis for mental disorder, each Maudsley lecturer in turn takes it upon himself to deny psycho-analysis.

W. H. B. Stoddart.

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Sexuality

Wilhelm Reich. Über Genitalität. *Internationale Zeitschrift für Psychoanalyse*, 1924, Bd. X, S. 164.

This paper considers the significance of genitality in the prognosis and treatment of ' transference neuroses ' and is also an inquiry into the fact

that of twenty-eight male and fourteen female neurotics, none were without some degree of impotence, frigidity or abstinence.

Regarding three factors in cure: (1) abreaction by re-enacting or remembering, (2) transference, (3) conviction of patient, these are considered as mere psychological processes present in the patient, represented by instincts. The process of analysis is essentially a biological one, involving the play of biological factors.

Severe neurosis can be improved even when the above processes are not completed; moreover, symptoms can persist even when the unconscious remains largely uncovered in spite of conviction, transference, etc.

The process of cure may be divided into two parts: (1) bringing repressed material into consciousness; (2) the conflict of instincts, attitudes, wishes, etc., on the same plane.

The analyst can help or hinder the first factor: the second is already there and independent of him.

He considers the case of great improvement without complete uncovering of the unconscious and describes three examples of this with special reference to the status of their genitality.

The first practised genital masturbation at puberty; the second practised excessive genital masturbation to the accompaniment of repressed incestuous phantasies; the third had practised genital masturbation since childhood but in a disguised way.

He considers the possibility of a loosening of the originally freed libido positions in the unconscious without conscious working through. It would seem as if the part of libido freed in analysis gets linked up with reality, so that the achievement of real gratification puts out of action the side-tracked gratification of still repressed libido components. Genital libido appears to adhere to positions in the outer world better than libido investing the component impulses. If the remainder of the repressed libido is too strong or if anal libido is freed before genital, this improvement without complete analysis is unlikely In such cases the symptoms are retained in spite of explanation. In the case of women repression of masturbatory tendencies is more thorough, and the uncovering of their incestuous phantasies and guilt often leads to indulgence in masturbation during the course of the analysis. This of course must occur spontaneously and not at the analyst's behest. This masturbatory phase is unnecessary in the case of married women with potent husbands. The most difficult case is that of the repressed spinster. Cases are quoted in which only the incestuous fixation was dissolved, but in which this result was followed by improvement.

The occurrence or continuance of masturbation during analysis is attended by the risk of fixation on this mode of gratification when it gives libido discharge and is accompanied by guilt. He has never come across difficulty in genital activity after analysis when masturbation followed freeing from incestuous phantasies and guilt.

In refractory cases of neurosis, e.g. in very chronic cases in which genital activity is impaired, three questions arise :

(i.) Did a trauma occur before or after the genital phase of childhood ?

(ii.) Did it completely prevent the development of genital libidinal force ?

(iii.) What was its nature ?

In this connection one meets with an uneventful type of analysis which expresses not only resistance but affect-impairment. In a case quoted with this characteristic the trauma took place before genital object choice was made. It remained at the stage of narcissistic identification, the narcissism being permanently injured.

Strong genitality, no matter how much repressed, is a protection against guilt feeling later, and, moreover, provides that amount of activity necessary for cure.

Another type is that of fixation due to pleasure hypertrophy, e.g. an anal fixation conditioned by constitutional predisposition of the zone.

In the pleasure hypertrophy type prognosis is more favourable owing to the fact that the libidinal forces are excessive, whereas in the previously mentioned traumatic type they are defective. Speaking generally, in the case of an old neurosis the less disturbed the genital development, the more favourable is the prognosis. Earlier or later repression of genital libido is of no significance. The important thing is that it must be present. He mentions a special difficulty in the case of ereuthophobia in which strong genital narcissism is displaced to the face after repression of the exhibitionistic tendency.

Here we have hypergenitality from a pleasurable genital period, which is suddenly injured at its height by castration fear at a masturbatory and exhibitionistic period. Hypochondriacal and narcissistic homosexual traits bring such cases into close relation with paranoidal illnesses, as when there is dread of being observed, e.g. during masturbation.

The history of genital masturbation is difficult to appraise correctly. On closer examination it is often seen to be urethral or anal in character. Sometimes larval acts of masturbation (Ferenczi) point to stronger but repressed genital libido. Again manifestations of the castration complex must be taken into account as signs of injured genitality.

A process is also observed whereby in contrast to the genitalization of non-genital zones, the genital zone is invested with non-genital libido which cannot be used genitally in phantasy.

In the beginning of an analysis an apparent genital primacy may prove deceptive. In such cases progress depends on whether the addition of extra-genital libido took place before or after the genital period, whether real genital pleasure has been experienced or not.

Anticipating the question ' What is genital erotism ? ' Reich agrees in part with Ferenczi's idea of amphimixis, but rejects the idea of friction as a compromise between anal and urethral libidinal activity.

He believes that genital libidinal activity possesses a characteristic and specific component, i.e. a tendency to erection, piercing into a hole, desire for the mother's body, and a rhythmic ejaculation. Erection and rhythmic ejaculation are characteristic of puberty. The active longing for holes helps one to recognize infantile genitality. In cases of fixation this is no proof, for it might be anal in origin. Genital masturbation and exhibitionism in early childhood are the best indications of its genital origin.

Summary

(i.) If the period of genital libidinal object choice in childhood is successful the vicissitudes of the Œdipus situation leave merely dispositions to illness. Should illness eventuate later the essential thing is to uncover the incest relationship and to conduct genital libido to the outer world.

(ii.) If fixation occurs during the Œdipus phase at the height of genital narcissistic organization, then when repression occurs, either (*a*) libido is displaced, or (*b*) pregenital positions are re-activated. Both types present difficulties, especially (*b*).

(iii.) Fixation occurs at the pregenital stage with some degree of genital libido, i.e. partial fixation. Here prognosis is questionable.

The genital libido must be fully uncovered and subordination of pregenital components brought about.

(iv.) The genital period is not reached or rather not activated with neither genital masturbation nor genital exhibitionism nor genital incestuous wishes. Such pregenital cases have a bad prognosis.

James Glover.

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F. P. Muller. Über die zwei Arten des Narzissmus. *Internationale Zeitschrift für Psychoanalyse*, 1924, Bd. X, S. 289.

People with pathological narcissism are divisible into two types of opposite kinds. The same division can be made in the case of the normal.

To those who have actual perversion the body constitutes a part of objective reality. Similarly in the case of admiration of one's own mental capacity, there is a fixation on something psychically real leading sometimes to a real relation to the outer world through admiration of others. We have the same condition when a phantasy body or imagined capacities constitute the objects of adoration.

It is difficult to distinguish between phantasy and reality in self-love.

In delusion of grandeur there is love of an unreal self, but the latter is nevertheless an object invested with libido.

Differentiated from the type in which narcissism has in the above sense an object is the type for whom any fixation on objects is unendurable. This is the second group.

Paraphrenics exemplify it in their indifference, neglect of externals, etc. Schizoids are less marked examples.

Notable characteristics are apprehension of fixation and a desire for absolute freedom which is not rare among the normal.

An illustration is given from a dream. The loss of all objects even when the self is included does not completely exclude gratification. The satisfaction in objectless narcissism, which the writer suggests calling anerotism, comes from activity in itself.

In any activity with anything gratification is derived either from the object or the activity; but an object is not essential in activity. For instance, in running, etc., this form of gratification arises from the pleasure of the activity and not from the pleasant motor sensations which accompany it. The activity is not then an object but a condition of the ego.

Thinking as such, apart from any action, comes under this category.

Unhindered activity is the source of anerotic gratification.

It is seen in the ' flight of ideas ' in infantile forms of rhyming, repetition, rhythms, etc. No pleasure source is sought in the content of thoughts.

There is no need for objective values.

This is different from the pleasure in productive thinking, experience and phantasy.

In the case of music this type of pleasure is experienced in humming to oneself with no definite melody.

He points out the connection of anerotism with early developmental stages and considers that some movements of lower animals are of this type.

James Glover.

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Carp. Die Rolle der prägenitalen Libidofixierung in der Perversion. *Internationale Zeitschrift für Psychoanalyse,* 1924, Bd. X, Heft 3.

An account of a case of obsessional neurosis and perversion during the analysis of which a peculiar form of homosexuality was manifested. A married man, aged 37, had a compulsion to stare at people in the street, and in the event of their returning his scrutiny experienced fainting seizures. As a youth he had homosexual inclinations which he sometimes gratified. At the age of four he had inspected his mother's buttocks, and as a child was given to sucking the noses of animals and of other people. His homosexual phantasies were active in nature and exhibited a marked component of oral gratification: sucking the noses and penes of companions provided him with sexual satisfaction. After puberty there had been a gradual increase in heterosexual inclination, but he had had no intercourse until his marriage at thirty-two. It transpired that at the age of five he had played with a warehouse hand who had allowed him to suck her nipples. Anal coitus was accompanied with murder phantasies and other sadistic ideas.

Analysis showed that the penis was a surrogate for the nipple and that he equated masturbation with the milking of cows: an equation of mammæ

and nates linked his oral with anal phantasies and provided a basis for his castration anxiety. The outbreak of neurosis was due to repression of part of the anal-sadistic libido, and he found compensation for his oral castration in the idea that the penis was milk-producing. In the active homosexual position he had identified with the mother by forcing the penis (nipple) into the anus (mouth). His habit of sleeping during the day which had interfered with his earning capacity was in keeping with Eisler's view of the close connection of sleep with oral regression. In general the oral fixation in this case was extremely marked.

Following Sachs' views on the relation of perversions to repression of the Œdipus complex, Carp describes the course of events as follows: there was an abnormal nipple erotism in the pre-Œdipus stage; after weaning the Œdipus stage commenced and, by a process of censoring, the strong component impulse was compelled to change its object by introjection of the invested part of the mother-object (his own penis took the place of the mother's nipple). The Œdipus difficulty was thus solved, but in later object fixation the object was made to serve previous organ pleasure (sucking nose and penis), thereby repeating the first pleasurable activity. For the ego to convert an abnormally strong component impulse into a perversion, not only must the Œdipus complex be overcome but a process of introjection of the whole or part of the mother-object must take place.

Edward Glover.

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S. Bernfeld. Über eine typische Form der Männlichen Pubertät. *Imago*, 1923, Bd. IX, S. 169.

The problem of puberty is a very complex one from every point of view. That is why it has not yet found sufficient scientific treatment. Freud gives two characteristics for puberty: (1) the domination of the genital zone, and (2) the finding of an object.

The author, commenting on the very different lengths of puberty, distinguishes between two processes in development: the result of the physiological process which he names ϕ, and the psychical desire which he names Ψ. A state where the second component (Ψ) outlives the first is introduced as ΨPb, and is very characteristic of certain phenomena among youths.

Dr. Bernfeld had good opportunity of watching the so-called *Jugendbewegung*, and he contends that the complex ΨPb is an essential of this movement. It is difficult to find the outstanding characteristics in a group made up of widely differing individuals. However, an attempt is made.

1. The interests of this type are turned towards 'ideal' objects like art, politics, humanity, etc.

2. The relation to these objects is productive. The youths try to produce a work of art, a new form of politics, etc.

3. There is always present a good deal of self-confidence or many symptoms of a repression that has failed. This is expressed in different ways; with the high opinion of oneself goes a low opinion of one's companions.

4. One outstanding individual—the friend or master—is loved and revered.

5. Often this love for the friend is extended on to a whole group.

This complex differs from the definition of puberty as given by Freud. The sexual components do not concentrate on finding an object, a great part is turned into ego-libido, creating thus a new (secondary) narcissistic situation. But this narcissism of puberty is to be distinguished from that of the infantile stage. It is not, or only to a very small extent, pleasant, but on the contrary is accompanied by deep depression reminiscent of melancholia. The reason lies in the formation of an ideal ego that attracts a great part of the libido and enters into contrast to the real ego—a progress highly characteristic of *ΨPb*. This conflict is carefully described in the following pages.

The essay has twenty pages full of very carefully marked-out theoretical material. It is a distinct contribution to the theory of puberty and should be read in full by anyone interested in that period.

Katherine Jones.

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Applied Psycho-Analysis

Hans Zulliger. Beiträge zur Psychologie der Trauer- und Bestattungsgebräuche. *Imago*, 1924, Vol. X, p. 178.

This paper is divided into three sections. The first deals with the reactions of school children to the sudden death of one of their comrades, as studied by their behaviour and some written essays. The second deals ethnologically with food taboos and fasting in connection with mourning practices, while the third deals from the same point of view with funeral ceremonies themselves. As is to be expected, all three methods of approach reveal the existence of strongly ambivalent tendencies in the mind of the mourner. The children tended to identify their parents or themselves with the dead one, from motives of repressed hatred or from fear respectively. Fasting is a reaction formation to the primitive desire to eat the dead, a desire which expresses itself positively in the widespread custom of the funeral feast. Funeral rites, consciously undertaken with a view to the glory or benefit of the dead, reveal as an underlying motive the wish to prevent the dead from returning to do harm to the living. Everywhere, both in primitive societies and among children, there is found a powerful fear of the dead, based (as Freud has already shown) on a projection of the hostile feelings of the survivors.

The paper abounds in interesting points, of which we can only mention

one or two here by way of example. Children identify themselves with the dead not only from fear but also sometimes from a desire to elicit love and sympathy from parents or teachers, or from a desire to be revenged for want of love from these persons (attitudes which obviously have important bearings upon suicide). Although Christ himself adopted a liberal attitude towards fasting, fasting nevertheless established itself firmly in the Christian Church, probably as a psychologically inevitable complement to the sacrament of the Communion. Birds and fish are subject to less heavy food taboos because they lack certain of the anal associations of animals moving on land. The object of a special mourning costume is to make the mourners unrecognizable by the ghost of the dead. Death is regarded as a sort of marriage, hence the dead are sometimes dressed in their wedding garments, a practice ultimately connected with incestuous phantasies. The relation to death of anal-erotic tendencies and of ideas of birth and intra-uterine life also receive some consideration.

J. C. F.

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Sigmund Pfeifer. Problems of the Psychology of Music. *Imago*, 1923, Vol. IX, pp. 452–462.

Animal music is generally conceded to be intimately connected with sexual behaviour. When in evolutionary progress an aquatic environment was relinquished, air became a necessity for life, incorporated as part of the body, and so endowed with narcissistic libido. Since animal music is most prominent as a preliminary to mating in lower animals, it should belong to the pregenital stage of development in man. A fish can reduce its narcissistic libido-potential by ejaculation into the sea, but the advantages of terrestrial environment and more complex organization are at the expense of this convenience, which is replaced by the emission of a suitable substitute such as air, through a suitable orifice, such as a sphincter or larynx. The libido-charged column of air passes the muscles of the respiratory tract, whose tone is raised by a similar endowment. Thus narcissistic libido produces tone, both muscular and musical, and hence the origin of singing and so of all music. Theoretically singing may be related to conversion hysteria developed on a fixation in the anal-sadistic phase. It represents the ejection of accumulated primary narcissistic and auto-erotic libido by a sexually excited but immature organism that has not yet reached the stage of object love.

The current view that the content of music is expression seems therefore to be confirmed even verbally by its postulated biological origin. Music expresses feelings and their relations. The absence of an objective content corresponds with its narcissistic nature. Ferenczi has pointed out that the functional phenomena, in Silberer's sense, represent the part played by narcissism in the formation of symbols, and it is with just such functional phenomena that we are concerned in music. Music is thus distinguished

from all other arts by its inability to represent objects of the libido outside the ego. It induces a regression to the mode of activity dominated by the pleasure principle, and on this basis countless preconscious phantasies arise in partial compensation for wish-fulfilments connected with objects. These phantasies, which are the substance of other arts, are only indirect derivatives of music, appearing first in the listener's mind. Consequently music must be regarded as an art in two phases. Apparent exceptions include the occurrence of actual representations of object-libido, but their expression is essentially limited to the parallel reactions of the ego-libido. Again, bodily movements frequently form part of the analysis of musical associations. The parts of the body concerned are, however, erotogenic zones, such as the anus, and the musical representation of their function can so be traced to an auto-erotic source. This expression of the pleasure of the material body is the limit of objectivity to which music can attain, and representation of other objects depends on narcissistic identification with them.

Music has arisen in the same way as development of the libido from narcissistic to object sexuality. Hence the progress of music is characterised by gradual reduction of the purely sensuous narcissistic elements, and introduction of increasing complexity of rhythm and melody. This enlarges the range of expression, but tends to make music approach mental activities such as speech, which are especially differentiated to subserve object relations. Although the progressive complexity of mechanisms of wish-fulfilment must be parallelled by increasing intricacy of modes of narcissistic satisfaction, music thus runs the risk of ultimately becoming a kind of language—of developing from an art without objectivity to objectivity without art. Fortunately for art, however, progressive mental adaptation seems to elicit new kinds of regression which, one hopes, will lead not only to new neuroses but also to new artistic forms.

The evidence for the above interesting and intuitively rather probable conclusions includes no reference to any particular person or individual instance of music, while the biological argument is confined to a wide excursion from the fragmentary correlations dignified as the law of recapitulation. F. R. Winton.

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C. G. Seligman. Anthropology and Psychology: a Study of Some Points of Contact. *Journal of the Royal Anthropological Institute*, 1924, Vol. LIV, p. 13.

This paper falls into two parts. In the first part the author considers Jung's extravert and introvert types with reference to artistic production, heredity and racial distribution. With regard to art, following suggestions made by Thornton and Gordon, such painters as Rubens, Delacroix and Signac are compared with Poussin, Ingres and Marchand respectively, the former group as representing predominantly extravert, the latter pre-

dominantly introvert characteristics. Corresponding differences, it is suggested, are revealed by a comparison of the carvings of the west coast of Africa with those of some central African tribes. On the biological side some (admittedly insufficient) data suggest that inheritance of psychological type may correlate with inheritance of certain physical characters. Racially it appears probable that most savages tend to be more extravert than civilized peoples. Among these latter there are important inter-racial differences; thus among European races (following McDougall and Lenz) the Nordic is more introvert than the Mediterranean, while among Asiatic races the Chinese and the Hindus are more introvert than the Japanese. In these considerations no account is taken of the sub-groups of the introvert and extravert types distinguished by Jung in his last work on this subject.

In the second part of the paper there is reported a preliminary study of the dreams of non-European races. In general such scanty data as are at present available point to the operation in all cases of the same essential dream mechanisms as in Europeans. It appears, moreover, that dreams are everywhere looked upon as requiring some sort of explanation or analysis before their meaning can be understood. Among the people investigated this explanation was given either in more or less conventional terms (often by opposites) or by association, i.e. ' by an elementary self-conducted analysis '. The ' typical ' dreams of Europeans are also of frequent occurrence, and all races seem to attribute to them the same or a very similar significance. Thus the tooth-losing dream is held to mean the death of a near relative or friend, the flying dream indicates good luck, long life or growth, while the climbing dream betokens success, sexual or otherwise. It is suggested that ' if it can be shown that identical symbolism . . . is to be found in the dreams of unrelated races differing profoundly in their civilization and social organization, then we shall have to admit that the unconscious of the most diverse races is qualitatively so alike that it constitutes a proved common store on which phantasy may draw, and it becomes imperative to give full weight to this in our discussions of the origin of myths, beliefs and even, perhaps, the simpler implements and technical processes '.

In view of the fact that this paper represents a presidential address to the Royal Anthropological Institute, the very friendly attitude to psycho-analysis that is manifested throughout is both significant and encouraging. J. C. F.

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William McDougall. Professor Freud's Group Psychology and his Theory of Suggestion. *British Journal of Medical Psychology*, 1925, Vol. V, p. 14.

In this paper, which is a contribution to the Morton Prince Commemoration Volume, McDougall criticizes Freud's views on group psychology. He commences in a sarcastic vein and accuses Freud of inconsistency in his

remarks on individual peculiarities in the group and in his use of the words cruel, brutal and destructive as applied to instincts. Freud recognizes McDougall's fundamental paradox of group psychology, namely, that although the crowd degrades the individual below his normal level, it is only by group life that man rises above the level of animal life. McDougall complains that in spite of this recognition, Freud rejects his explanation of organization and merely restates the problem without suggesting an alternative solution. He also complains that his theory of the intensified emotional reaction of crowds is misunderstood because Freud states that he (McDougall) explains the fact ' by means of the emotional contagion with which we are already familiar '. McDougall protests that he does not explain them, and endeavours at some length to show that although le Bon treats this emotional contagion as a manifestation of suggestion, he believes it to be a fundamental phenomenon quite distinct. In his *Introduction to Social Psychology* he states that he clearly distinguishes these points and propounds a distinct theory of suggestion which Freud appears to have overlooked. He argues that in gregarious animals there is a distinct and specific instinct of submission and that this is the main conative factor at work in true suggestion. He states that Freud has not attempted to define ego-instincts, but that if he had he would have found them identical with the instincts of self-assertion and submission. McDougall now proceeds to quarrel with Freud's theory of libidinal ties on the one hand to the leader, and on the other hand to the other members of the group. He suggests that these ties may have been asserted to be present by Freud in order to make Group Psychology a mere annex of his psycho-analytic system. Freud's distinction between true panic and mere collective fear, the former characterized by the death of the leader, is now examined. He thinks that this theory should have been supported by citations of authentic cases from the late war. McDougall regards a panic as a function of an instinct operating in an unorganized group and not as a function of the group mind as stated by Freud. A later statement shows that he is unable to understand Freud's comprehensive libido theory; he thinks it would be much simpler to recognize parental love as quite different from the sexual instinct. He supports his preference for an independent parental instinct by remarking that in most animals the two instincts operate quite independently. The group as a revival of the primal horde is criticized on the score that less extravagant explanations are possible; that it leaves the leaderless group unexplained; it fails to explain the suggestibility of the members of a group toward one another; finally it reduces all social life to the working of an atavistic regression, and makes sexual jealousy and envy the roots of noble manifestations, but leaves these roots unexplained. McDougall concludes by saying ' not proven and wildly improbable '. He, personally, intends to try to avoid the spell of the primal horde father.

Robert M. Riggall.

Géza Róheim. The Pointing Bone. *Journal of the Royal Anthropological Institute*, 1925, Vol. LV, p. 90.

In connection with the fact that in European society it is ' bad form ' to point at a person to whom we are referring, the author passes in review the principal Australian customs with regard to the pointing bone as used in magic, with special reference to the influence of culture contact and immigration upon these customs. The facts show that the use of the pointing bone tends to be accompanied by anthropophagy and ' delayed burial ' ; the bone was originally taken from the dead body of the father representative. The practice reveals, as might be expected, an ambivalent attitude towards the father—on the one hand cannibalism and dismemberment represent the hostile elements, while on the other hand the dead man's bone is used to wreak magical vengeance upon his supposed murderer. An important social development of this ambivalency, to which the author draws attention, consists in the projection of the hostile feelings beyond the tribal frontier in the form of head-hunting expeditions—perhaps one of the most important psychological bases of war in its most primitive phases.

J. C. F.

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Géza Róheim. Die Sedna Sage. *Imago*, 1924, Vol. X, p. 159.

Deals with the winter festival of the Eskimo and with the related myth of the goddess Sedna. This festival possesses many features in common with the spring fertility ceremonies of Europe and with the puberty rites of more primitive peoples (death and rebirth, masked phallic demons, renewing of fire, etc.). Both ritual and mythical elements appear to be composite in nature, one portion being native in origin, or at any rate developed among a people living by the sea, the other imported from more central parts of the American continent. On the psychological side there is revealed a complicated structure resulting from amalgamation of various aspects of the Œdipus complex, while it is suggested that factors connected with the birth trauma and even phylogenetic elements (in the sense of Ferenczi's view of individual birth as a recapitulation of the racial emergence from the water to the land) are also active.

J. C. F.

BOOK REVIEWS

Eine Autoergographie Sigmund Freuds. *Die Medizin der Gegenwart in Selbstdarstellungen,* herausgegeben von Professor Dr. L. R. Grote. Bd. IV. (Verlag Felix Meiner, Leipzig, 1925.)

All psycho-analysts will regard the fourth volume of *Medizin der Gegenwart* as specially valuable, for it contains Freud's *Selbstdarstellung,* a paper in which the intimate personal delineation is as delicate as the account of his work is powerful and clearly outlined. Much of what Freud has already told in the *History of the Psycho-Analytical Movement* (1914) we meet here in ' a new context in which subjective and objective exposition and biographical and historical interest are blended '. Freud gives the subject new and fresh applications and to some extent writes in greater detail than before ; for example, in his account of his life as a student and an assistant, of his relations with Charcot, the work done in common with Breuer, the painful but inevitable break with him and the defection of Jung and Adler. In addition, he describes the development of the movement since the *History* appeared.

Freud has succeeded in giving an exposition of the content of psycho-analysis in a remarkably condensed form, characterized by pithy phrases and a series of new and amazingly concise formulations. Every psycho-analyst will take a peculiar pleasure in these, while, on the other hand, they are calculated to clear up fundamental misunderstandings in those who are outside the movement.

Müller-Braunschweig.

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Entwicklungsziele der Psychoanalyse. By S. Ferenczi and Otto Rank. (Neue Arbeiten zur ärztlichen Psychoanalyse, Nr. I.) Vienna, 1924.

In this work, the title of which rouses the utmost interest in every psycho-analyst, the two authors collaborate in treating the fundamental problems of psycho-analytic therapy from two points of view : the systematic and the critical-historical. An attempt of this sort occupies a peculiar position in psycho-analytical literature, for in one respect, namely, as a systematic synthesis, it is a novelty. Hitherto a fundamental enquiry into the underlying principles of psycho-analytic therapy and a systematic presentation of the mental processes during treatment have not been brought together within the scope of a single work. Freud himself, who from the beginning has guided with the intuitive certainty of the empirical scientist the development of the science which he created, for a very long time refrained from systematic works. He took the view that this experimental science, as yet in its infancy, should be accorded the greatest possible freedom in the formation of its concepts and that the directness of its observation should not be impeded by the premature construction of a

system. We have to thank this logical attitude of his not least for the fact that within a short time psycho-analysis had at its disposal remarkably abundant material, derived from observation, and that its concepts and abstract principles are built up on the basis of vital and multifarious data acquired by experience. The more abundant the empirical material, the more difficult, but at the same time the finer, is the scientific task of arranging under universally valid principles the store of observations.

This was the difficulty with which the present authors had to contend, and it must first and foremost be credited to them that they have not shirked the effort, and that in their formulation of general principles they have remained faithful to psycho-analytic tradition and have never lost sight of the connection of those principles with particular facts. I shall try to show in detail why this peculiarly difficult task has been only partially accomplished. But I must refer at once to the very great general need for a synthesis and a survey (and this is what lends the book its special interest), which indeed led them to attempt one. Freud's works, taken successively, represent the history of a whole science and thus reveal with rare clarity the essential logic of the laws that govern the development of a science. Of late years he has entered more and more upon a new phase—that of systematic synthesis,[1] a deepening of fundamental principles and the accurate formulation of concepts. That which had hitherto been an advantage gradually became a disadvantage ; the rich store of the experience acquired during an investigation carried on for thirty years needed to be worked through into general theoretical principles, in order to open up new paths for further research.

At the Berlin Congress in 1922 Freud proposed the following theme for a prize-essay : ' The relation of analytic technique to analytical theory '. Enlarging upon this subject, he said : ' The object of the enquiry is to determine how far technique has influenced theory, and how far the two mutually help or hinder one another '. This shows that he was trying to reckon up both sides and to bring the theory into harmony with technical experience. Ferenczi and Rank state in the preface that their work is closely allied to the theme of the prize-essay, and we read in the introduction that the book actually originated in this same need for promoting a more intimate relation between theory and therapy. Thus if we wish to form an estimate of the book as a whole our first standpoint will be the historical one.

Now, although this work was designed to meet an actual need, it arrived some months too early. Shortly before its appearance Freud had published *Das Ich und das Es*, and since then he has written a series of highly important synthetic theoretical papers. Though these writings do not touch the narrower theme of the book under review, they are yet of the

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[1] *Das Ich und das Es ;* ' The economic problem of masochism ' ; ' Neurosis and psychosis ', etc.

utmost importance for the solution of the problem which its authors had before them. For the purposes of this work it was too late for them to make use of the perspectives opened up by Freud in these later papers. The greatest defect of the book is due to this : many of its statements are already things of the past, and its main conclusions are put forward with less qualification than would probably happen if the authors themselves were to formulate them to-day. Above all, their delineation of the subject lacks that precision now made possible by the metapsychological mode of presentation, to the elaboration of which Freud has of late specially devoted himself. Not only does the systematic attempt to describe the mental processes during treatment from the present standpoint of psycho-analytical knowledge not correspond exactly to what we know of the mind in its topographical, dynamic and economic aspects, but the conclusions with regard to technique which they deduce from their own imperfect presentation are not consistent and the arguments with which they justify the proposed technical innovations are not always convincing. They lay an undue and one-sided stress upon intermediary mechanisms in the cure, particularly those of experience, repetition and behaviour (in short, of abreaction), while on the other hand the most fundamental aim of the treatment, that of effecting a lasting alteration in the ego (which is the essence of analysis) is not sufficiently emphasized. Yet, while it is true that the general picture of the treatment is incorrect in the way mentioned, the separate formulations and descriptions are excellent, and widen and deepen our ideas on many important phenomena of the analytic process. The critical-historical section is specially valuable ; it does not suffer from the defects of the systematic part, and nearly all its statements are perfectly valid. With unerring judgement the authors point out the different ways in which the technique has been given a wrong direction and the faulty conceptions which obtain as to what takes place in the cure, and these they describe in a manner illuminating for every practitioner. This chapter alone is enough to make the book a valuable one. Hitherto we had heard only the right way of conducting the treatment, but no one had yet pointed out the very wide-spread errors which exist, or shown how it should *not* be handled.

The fundamental importance of the problems dealt with in this book and the great practical interest of the authors' aim—that of formulating the principles of technique and even of indicating lines for the further development of psycho-analytical science—require that I should attempt a detailed appreciation of the final results and of the whole route traversed in arriving at them.

The leading thought of the book (which is written strictly according to plan) is most clearly expressed in the authors' statement that psycho-analysis is entering to-day upon a new phase—the phase of ' experience ' —which succeeds upon the phase of ' recognition ' of former years ; the

latter being marked, on the one hand, by over-exuberance of theoretical research and, on the therapeutic side, by over-estimating the information directly imparted to the patient in treatment. The book is devoted to promoting this new trend, and the authors regard their work as ushering in the new phase of development. The *motif* of the whole, which appears in many variations, is the stress laid on the therapeutic efficacy of the factor of experience, as contrasted with a recognition that is not based on experience. Put in this way, it cannot be anything but useful that the sovereign therapeutic efficacy of the transference (for this *is* experience in analysis) should once more be emphasized, even though no new aspect of the problem or advance upon Freud's work upon technique, which he published many years ago, accompanies it. We must frankly confess that we never heard of any phase of simple ' recognition ', especially in the technique ; not at least within the last thirteen years, since Freud's first synthetic papers on technique were published.

Thirteen years ago Freud wrote as follows : ' The unconscious feelings strive to avoid the recognition which the cure demands ; they seek instead for reproduction, with all the power of hallucination and the timelessness characteristic of the unconscious. Just as in dreams, the patient ascribes currency and reality to what results from the awakening of his unconscious feelings ; he seeks to discharge his emotions, regardless of the reality of the situation. The physician requires of him that he shall fit these emotions into their place in the *treatment*[1] and in his *life-history*,[1] subject them to rational consideration and appraise them at their true psychical value. This struggle between physician and patient, between recognition and the striving for discharge, is fought out almost entirely over the transference-manifestations. This is the ground on which the victory must be won, the final expression of which is lasting recovery from the neurosis. It is undeniable that the subjugation of the transference-manifestations provides the greatest difficulties for the psycho-analyst ; but it must not be forgotten that they, and they only, render the invaluable service of making the patient's buried and forgotten love-emotions actual and manifest ; for in the last resort no one can be slain *in absentia* or *in effigie* '.[2]

Thirteen years ago Freud gave this description of the psycho-analytic process of cure. The substance of this whole book is contained in these sentences of his, and it does not demonstrate any more lucidly, distinctly or convincingly the technical importance of the ' factor of experience ', though the greater part of the book is devoted to a discussion of the influence which the realization of this must logically have upon our technique. Anyone who since Freud wrote these words has not given due place to this knowledge in his technique has, as an individual, made a mistake, but his therapeutic method has not been the true psycho-analytic one. So

[1] Reviewer's italics.

[2] Freud, ' The Dynamics of the Transference ', *Collected Papers*, Vol. II.

that if we must speak of an ' experience '-phase in psycho-analysis, it dates from thirteen years ago in the essay I have quoted, and not from the publication of this book. We need not go into the ' internal evidence ' that before he wrote the paper here quoted Freud had already recognized the transference (in the precise sense in which our authors use the term) and had handled it in accordance with present-day knowledge. This is obvious from various scattered passages in his earlier publications.

We see that the ' experience '-factor does not constitute any theoretical innovation in our therapy ; nevertheless it is to the credit of the authors that they have demonstrated the central, technical importance of reproduction in the transference and have recommended a courageous handling of it in the treatment.

But to point this out is less important than to examine the further conclusions drawn and proposals made, all of which are built up on the basic fact of the patient's experience in analysis, i.e. the transference. In their exposition of these ideas the writers' formulations are open to objection. In the introduction they state that they have explained in a new way the relation of recollection to repetition and that their view is in contrast to Freud's most recent technical paper. As we read their restatement of the standpoint taken by Freud in this paper we already have an uncomfortable feeling that they are under a serious misapprehension, for we read : ' We have to take as our immediate starting-point Freud's most recent technical paper on ' Recollection, Repetition and Working Through ' (1914).[1] In this paper the three factors named in the title are not given an equal importance, for recollection is stated to be the true goal of analytical work, whilst the desire to re-experience instead of to recollect is regarded as a symptom of resistance and *as such we are recommended to avoid it*.[2] Of these assertions only the first coincides with the view advocated by Freud in the paper quoted, namely, that the true goal of analytic work is recollection, and that the desire for re-experience is to be regarded as a symptom of resistance. Nowhere, however, are we ' recommended to avoid ' the repetition from this point of view (as a symptom of resistance). On the contrary, we read in Freud as follows : ' The main instrument, however, for curbing the patient's compulsion to repeat and for turning it into a motive for remembering consists in the handling of the transference. We render the compulsion harmless, and even *make use of it*, by according it the right to assert itself within certain limits. *We admit it into the transference as to a playground, in which it is allowed to let itself go in almost complete freedom and is required to display before us all the pathogenic impulses hidden in the depths of the patient's mind* '.[2] Thus Freud by no means bids us avoid reproduction and repetition ; on the contrary he makes use of it for the cure by allowing it to exhaust its violence in the transference

[1] *Collected Papers*, Vol. II.

[2] All italics are reviewer's.

The only thing that he avoids is repetition *outside* the treatment and he concentrates the repetition upon a single field, that of the transference. In these sentences of his which I have quoted the essence and the perfectly tenable central position of the provocative methods of Ferenczi and Rank are not only hinted at but expressed in pregnant terms. I fail altogether to understand how these authors could have so misapprehended or forgotten this work of Freud's which they themselves quote. The contrast between their view and his as regards the relation of repetition and recollection reduces itself therefore to this—that they ' assign the chief rôle in the analytic technique to repetition instead of to recollection.' They tell us, to be sure, a great deal about their view of this ' chief rôle ' in the cure, but all the same a good deal of it still remains very obscure. In the first place we read in the introduction that repetition has ultimately to be resolved into ' actual recollection ' and they expressly deprecate the idea that repetition is to be understood as simple abreaction. In a later passage, however, they allege no less expressly that the final goal of the treatment is after all that recollections should emerge : ' Ultimately, therefore, the producing of recollections remains the final factor in the cure, and here it is really always a question of converting the one, so to speak organic, mode of repetition (namely reproduction) into another, psychic, form (namely recollection) which is itself in the last resort also simply a form of the mnemic repetition-compulsion '. But on the previous page we read that ' in spite of all the widening of our knowledge the essential therapeutic agent still really remains the original abreaction of affects . . . '. This contradiction, which the exaggeration in style makes still more glaring, is only partially resolved if we enter wholeheartedly into the authors' train of thought and endeavour to grasp the not very clear concept of ' active recollection ' in their sense of the term. The gist of this train of thought might be rendered as follows, if we disregard the contradictions contained in its presentation :—

The patient is not able to recollect everything which has been repressed. On the contrary, many of the repressed tendencies are manifested during treatment only in the form of ' reproduction ', of acting, and in the language of behaviour (Ferenczi). In these reproductions and repetitions, which constitute the essence of the transference, many tendencies are for the first time intensely developed and actually experienced, tendencies which as a rule have never been conscious at all but were immediately repressed in the phase of infantile development. This is the primary importance of repetition. Only through them is it possible to cause the subject to experience what he has repressed and through the experience to bring it into consciousness in its true meaning and importance. Conviction comes only through immediate experience. This is the secondary importance of experience. So it is not necessary for the patient to recollect his formerly repressed tendencies in the original situations ; it is enough

if those original situations are re-experienced in the dramatic situation of analysis. In this way they reach the actual ego of the patient, and thus it becomes possible to correct them, to accept some and renounce others, in short to adapt these instinctual claims to reality. The technical inference to be drawn from these considerations is the following: we must promote the repetitions—the experience—but our object will be finally to arrive beyond and through this experience at a sort of direct knowledge of what has hitherto been repressed. This direct knowledge, the bringing into consciousness of the transference-situation, is what the authors mean by 'actual recollection'. Thus the therapeutic aim remains the same as hitherto: the widening of the patient's knowledge of himself and his instinctual life, in order that by means of this knowledge he may be able to adapt his instincts to reality. Let us add, and let us underline the fact, that experience is a means to an end, to a knowledge which shall carry conviction, and not the final aim of the therapy. The authors' line of argument then corresponds exactly to the views hitherto held of the nature of the cure, with the exception of two fresh assertions. First, that the repetition in the transference is generally the way in which repressed tendencies for the first time discharge themselves and, secondly, that repetition or experience in the treatment is as valuable as recollection for giving knowledge of repressed material and bringing it into consciousness—possibly operates even more powerfully than recollection. It is regrettable that the book contains no exact enquiry into the relation between recollection and repetition, so that it is not possible to ascertain with complete certainty what is the authors' standpoint: do they regard experience in the transference of equal value with or even greater value than recollection? From everything that they say it seems very probable that they judge repetition to be at least as valuable, and in one respect even more so. It must be in their view at least *as* valuable, for they displace the chief accent of the cure from the production of recollection to that of experience. And it would seem to be *more* valuable in their eyes, for in the transference the patient experiences, so to speak for the first time, much which in his youth he had immediately repressed or of which he had never been conscious, and which therefore he cannot recollect. This solution of the problem (as in fact the whole propounding of it) which is expressed in the *dictum* that the accent is to be shifted from recollection to reproduction seems both on the empirical and the theoretical side strained and untenable.

On the empirical side the answer to the question is simpler. It is indisputable that, even when the treatment is carried through in the best possible manner, only certain of the situations repeated in the transference can be reached in the form of recollection; but the more penetrating and the more thorough the treatment the greater is the mass of recollection which emerges from repression. It is just the revealing, the bringing into consciousness, of the transference-situation (the 'actual recollection' of

the authors) which leads to the remembering of the original situations. What the patient is able to admit into consciousness in the present can also be recollected from the past. The classical feelings of conviction make their appearance on the recollection of the original pathogenic situation. It is precisely the emerging of recollection which is the criterion of the patient's having really worked through the transference-situation and being ready to renounce further repetitions and a new game of hide-and-seek. Consequently our therapeutic ideal is still that of working through the transference-situation so thoroughly and handling the transference from the economic point of view in such a way (deprivation following upon free play of feeling) that repetition finally gives place to recollection. At the same time we can often get no further than clear and easily comprehensible repetitions and must content ourselves with bringing these to light. So much for therapeutic experience.

Theoretical considerations lead to the same result. It is remarkable that in a book of this importance the authors, in their enquiry into the relation between recollection and repetition, have paid no regard to one of the first and most firmly established scientific discoveries of Freud, which only recently he has termed our deepest piece of insight into the mental apparatus. Had they taken it into account, their exposition would have gained much both in clarity and exactness. Breuer and Freud formulated the view that the mental processes differ not only topographically but in their nature. They distinguished primary and secondary processes or, in other words, mental energies which are freely mobile or are tonically bound. In all those mental processes which are understood by the terms repetition, reproduction, re-enacting, etc., the tonic binding, the monotonous uniformity and the compulsive nature of their course are plainly manifest. The conscious process has free mobility and is accessible to actual perception and the testing of reality. The importance of recollection lies in the fact that it restores to the actual personality its command over a past impression. What the treatment strives for is to convert those energies which are bound in symptoms and compulsive repetitions back into freely mobile instinctual forces and so to put them at the disposal of the actual personality for fresh adaptation and binding in accordance with reality. When recollection takes the place of compulsive repetition it is a sign that a change of this sort has come about in the mental processes. It is not possible to convert all tonically-bound processes into freely mobile processes; amongst the former we must reckon all reflexes, automatisms and some firmly rooted peculiarities of character, etc. These form the border-line beyond which psycho-analysis can do nothing.[1]

[1] Readers will note that I am using the terms 'tonic binding' and 'free mobility' to some extent in a new connection. Nevertheless they are intended to cover all that Freud originally meant in his fundamental distinction between the two qualitatively different kinds of mental process.

We may, then, admit the valuable central idea of this book as constituting an important technical position, but there is no need to proceed to the extreme statement that in analytical work the main accent is to be transferred from recollection to repetition. This is a not unfair summing-up of what the authors have positively accomplished, but we must be careful not to underrate their work. We do actually receive the impression that, even when an analysis has been technically well carried out, there is often important pathogenic infantile material which cannot be recollected, although it has already been quite clearly repeated in the transference. Nevertheless it is possible by the resolution of the transference-situation to bring the unconscious tendencies which underlie it into consciousness in the form of actual wishes and strivings in relation to the analyst. That is to say, it is possible to convert into freely mobile conscious mental processes those instinctual processes which were tonically bound and automatically discharged formerly in symptoms and now in the transference. If recollections have not emerged, this conversion is never complete ; the very fact that no recollection appears is a sign that this repetitive mechanism has already become almost ' organic '. At the same time, when the transference-situation, hitherto only ' acted ' out and not thought out, is brought into consciousness, the conscious ego is assured of a certain mastery over processes formerly purely automatic. But from the therapeutic point of view an experience of this sort is never so valuable as those accompanied by recollections. It is very probable that those processes which the authors quite rightly assume to have been immediately repressed in the infantile period and never to have entered consciousness, so that they can only be reproduced and never recollected, are precisely those in which it is impossible ever completely to effect this conversion of tonically bound energies into such as are at the subject's free disposal. In any case, however, the unsatisfactoriness of the antithesis between repetition and recollection is abundantly clear. The aim of analytic therapy is not the discovery of recollections but the process described of converting bound energies into energies freely at the subject's disposal. Recollection is only a sign of this conversion. The gist of the discussion of the subject given in this book may be summarized in plain clinical terms as follows : the most efficacious therapeutic intervention consists in bringing the transference to light after the clinical neurosis has been wholly transformed into a transference-neurosis. The revealing of the transference is generally, but not always, accompanied by recollections which have reference to the original situation. The emergence of these recollections is brought about by just that technical procedure which the authors describe so convincingly : hence the *dictum* that the chief accent must be displaced from the production of recollection to repetition loses all meaning.

The technical proposals, like the theoretical considerations, are indefinite. We do not gather much from them beyond the recommendation of

some active work on the analyst's part which is to consist in provoking the reproduction. We are not told more exactly how this provocation is to take place. If by this activity the authors understand the technically correct analysis described in detail in the book, the term ' activity ' seems superfluous, because this technical procedure does not differ from the customary handling of the transference. The endeavour to prevent the patient (if necessary even by prohibitions) from giving free rein to his instinctual tendencies in actual life during the treatment, the logical translation of unconscious material, the progressive solution of the transference, etc.—these are the natural and obvious measures which follow from our knowledge of the transference and have always been used thus, since Freud recognized the nature and the meaning of the transference. If, therefore, provoking reproduction signifies simply barring (by means of inner and outer deprivation) all paths of discharge to the neurotic tendencies, leaving only the outlet of the transference, it includes nothing more than the familiar technical precepts of Freud. So much the less does the term ' activity ' or ' provocation ' seem to us an apt one for this method ; on the contrary, it is misleading, for it has reference to the first phase of the treatment, in which, as Freud early recognized, there is seldom any need to have recourse even to these measures, as indeed the authors themselves emphasize elsewhere. In this first phase of the treatment, which leads to the formation of the transference-neurosis, the correct attitude of the analyst can in general be described rather as passive. The authors themselves point out that the patients' ' universal craving for transference ' does what is necessary and that the only activity required consists in getting rid of the disturbing feelings of guilt (termed by the authors ' ego-resistances '). Our experience teaches us that what helps most here is the objective, understanding attitude of the physician, which can scarcely be called active intervention, though undoubtedly explanations and interpretations may often be of use. Whilst the first phase of the cure follows the direction of the neurotic tendencies (leading, indeed, simply to a new form of neurosis) and so demands no special activity, the position is quite different in the second phase, which consists in the solution of the transference and is called by the authors ' libido-weaning ' (*Libidoentwöhnung*). Here a certain activity does come in. It is in this phase of the treatment that analysis achieves its true therapeutic result, and it is the task of resolving the transference which is not always successfully accomplished, whilst in nearly every case the transference-neurosis is brought about in the desired manner without any difficulty. The book does not make this fact clear. On the contrary, the reader receives the impression that, when the repetition and the affects have been called forth, the main work has already been accomplished. It is at this crucial point that the picture which the authors give of the psycho-analytic therapy is most incorrect and consequently most disquieting. We read very little about the solution of the transference,

the ' working through ' of this part of the treatment. Yet this is the phase in which the real achievement of analysis should take place and in which we should effect that permanent *change in the ego* which is the aim of the treatment, and which is in its nature a different thing from a discharge of affect, for the latter implies only a passing relief from tension. Here, where we might really speak of active work on the part of the analyst, we learn nothing from the authors about any new mode of activity, though it is true that the proposal to set a term to the analysis *in every case* is a very important innovation.

Thus our therapeutic experience, as well as theoretical considerations, lead us to recognize that the greatest activity in the treatment lies in achieving conviction in the patient. Every time that we resort to commands and prohibitions (including the setting of a term) we are yielding to his unconscious tendencies, even though a skilful application of this method may often advance the analysis for the time being. The main resistance is directed against accepting responsibility for the instinctual life, against independent judgement and the task of dealing with the infantile relations to the parents, which have been revived in analysis. By commands and prohibitions all that we do is really only to relieve the patient's ego from assuming its responsibilities. All activity of this sort is merely a matter of form as contrasted with the true activity, which aims at convincing the patient on the basis of the analytical material, and proceeds first and foremost by bringing to light the transference-situation. The same applies to setting a term to the analysis. This again is only a *formal* activity and can *never* be a substitute for the patient's own renunciation of further treatment. Moreover, until the inner willingness to give up the transference-situation has been attained it is of no use to set a term, and if this willingness is already present it is superfluous to do so. The utmost pressure which we can bring to bear upon the patient in the direction of giving up consists in progressively and with ever greater clearness bringing the transference to light, which gradually makes it more difficult and a matter of greater conflict for the patient as an adult to play the infantile part that he has to play in the transference. It is this inner conflict which *most effectually* promotes the detachment from the analyst, and in most cases we may almost call it a technical error if, through setting a term, this internal conflict is converted into an external one—between the physician and the neurotic tendencies. This is especially true of cases in which there is still any sort of hope of a purely analytical solution of the transference. The patient himself must give up his neurosis ; then he is truly cured.

The authors' idea of the technique emphasizes abreaction unduly and the real analytic work of bringing about an alteration in the ego not enough. We feel that their view of technique is not in accordance with the true line of development which psycho-analytic therapy must follow, and just as little can we subscribe to their prophetic excursions in the chapter headed

' Prospects '. In the earlier chapters we often received the impression that the views themselves were perfectly sound and that the one-sidedness of the exposition was principally due to the extreme manner in which those views were formulated. But this more favourable impression is destroyed by the views put forward in this particular chapter. They strike us as still more unbalanced than those earlier formulations. In the earlier chapters it is repeatedly stated that the therapy consists of two phases, that of repetition and that of ' weaning ', in the latter of which conviction—insight derived from experience—plays the principal part. This account of the matter is in every respect free from objection. Yet the last chapter gives the impression that the authors in the meantime have wholly forgotten the importance of the second phase of treatment. Otherwise, they could not have written the following passage : ' The final aim of psycho-analysis is indeed to substitute in its technique the affective factor of experience for intellectual processes. But we know that this aim is attained in its most extreme form in hypnosis, where consciousness can be admitted or eliminated at need.' Our view is the opposite one, namely, that the aim of psycho-analysis is to subordinate the affective processes to the intellect, and that hypnosis was discarded because in it consciousness can indeed be eliminated but not admitted at need, at least not in the analytical sense, that of bringing the unconscious into consciousness. The logical result of this over-emphasis of the cathartic factor is the authors' prophecy that psycho-analysis will once more approximate to its hypnotic beginnings. Yet at the end of the book it again becomes obvious that their position is really not perfectly clear on this question. For we read : ' Yet the most important advance made by the patient in psycho-analysis consists ultimately in an enormous widening of his consciousness. . . .' How the elimination of consciousness is supposed to promote this ' enormous ' widening is a problem which to us seems quite insoluble. This glaring contradiction shows quite unmistakably the ambivalence of the authors' attitude towards the difficult second phase of the treatment, and here we have the explanation of their ostrich-tactics when confronted with the difficulties of the process of detachment from the analyst, difficulties which they try to deal with by the drastic means of setting a term to the analysis. This ambivalent attitude explains the whole want of balance in the book : perfectly valid and often masterly descriptions of the analytic process are spoilt by the most untenable formulations. The authors' endeavour to increase the efficacy of the treatment by technical devices (commands and prohibitions, the setting of a term, the re-introduction of hypnosis) is in marked contrast to the development of psycho-analysis, both as a therapeutic method and as a scientific theory, along the lines laid down in Freud's latest works. These imply a deepening of our knowledge of the finer structure of the individual mind and give us a new key both to the understanding and the economic handling of the transference, a new

chart by which to find our way from consciousness to the unconscious and so to succeed in convincing the patient.

We cannot conclude our review of this book without a few words on its terminology. What is new in the content of the book is not of a theoretical character, and so there is no justification for the perfectly bewildering revolutionizing of terms. There seems to be no advantage in calling the transference ' the process of libidinal discharge ' or in substituting such an obscure expression as ' active recollection ' for bringing the transference to light or for its entry into consciousness. Again, abbreviations such as ' libido-resistances ' and ' ego-resistances ' do not seem happily chosen, especially the former term, over which ' fixation ' has historical precedence. The expression ' libido-weaning ' strikes us as particularly inappropriate, for the patient can hardly be weaned from *libido*, but at most from certain *objects* of the libido. These superfluous and infelicitous terms are the more surprising since in the past Ferenczi has enriched analytical literature with a number of most apt expressions for the facts and phenomena he has discovered and described.

In reviewing this book we have taken the opportunity to try and throw light, by detailed critical discussion, on the fundamental problems of therapy with which the authors deal. In this respect the book contains many passages of undoubted merit, especially in the critical-historical section. The work has fulfilled its purpose of contributing to our knowledge of the relations between theory and technique, though the details of these relations have not been set forth in a manner wholly free from objection.

Franz Alexander.

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Versuch einer Entwicklungsgeschichte der Libido auf Grund der Psychoanalyse seelischer Störungen. By Karl Abraham. (Neue Arbeiten zur ärztlichen Psychoanalyse, herausgegeben von Professor Dr. Sigmund Freud, Nr. II.) Vienna, 1924.

The author defines its purpose on p. 65 of this book as follows: ' To incorporate into the theory of sexuality certain discoveries made in patients suffering from manic-depressive states '. In our opinion he has not only brilliantly fulfilled the task that he set himself, but he has done far more than this. In the first place his book throws fresh light on the normal and pathological conditions in psycho-sexual development, for he demonstrates facts hitherto unrealized and fits them into the framework of the libido-theory. Secondly, the new knowledge to which he introduces us illuminates the instinctual dynamics of certain clinical pictures, which analysis had so far been unable to explain. Finally, the book makes a contribution of the utmost importance to the psychology of these morbid states. Our understanding of melancholia and mania (in which Freud was the pioneer) is greatly enlarged by this book. The author shows in a convincing manner

that these diseases, too, arise wholly on a basis of regression; hence the 'endogenic' disorders no longer appear in fundamental contrast to the 'psychogenic'. On the contrary, the attempt to explain the former by means of the psycho-analytical libido-theory has been most fruitful for both, for the psychology of manic-depressive states and the libido-theory itself have profited equally. The author need not have expressly assured us that these findings are purely empirical and in no way a matter of speculation. Every sentence in his treatise, distinguished as it is by its pregnant and lucid style, bears the stamp of laborious, practical work, carried on over a period of many years. The numerous fragments of case-histories in its pages, though unfortunately sometimes necessarily too short, not only carry complete conviction of the empirical clinical nature of all his statements but are also in their brevity and rich content master-pieces of the art of psycho-analytical exposition.

The matter of this small book is condensed into a minimum of ninety-six pages without any loss of clarity. Here we must content ourselves with merely indicating the abundant material it contains.

The first part deals with the manic-depressive states and the pregenital levels of libidinal organization. Analysis of these patients revealed, on the one hand, a remarkable similarity in character to that of obsessional neurotics and, on the other, profound differences between the two. The melancholiac really does lose the object; the obsessional neurotic retains it. Thus the anal-sadistic phase of organization to which both types have manifestly regressed must contain within itself opposed elements which we have hitherto not differentiated. When threatened with loss of an object the obsessional neurotic endeavours to retain it (anally) and possess himself of it (sadistically), while the melancholiac tries to eject it (anally) and destroy it (sadistically). Here it would appear that the tendencies to destroy are more archaic than the tendencies to conserve.

Thus we are led to conclude that two distinct phases must be postulated on the anal-sadistic level of organization: an older, destructive phase (the fixation-point of melancholia) and a later, conservative phase (the fixation-point of obsessional neurosis). Cognizance of the object begins on the border-line between the two. When once this border-line is crossed by regression (as in melancholia) there is no more calling a halt, and the libido hastens rapidly to the most primitive levels of organization. For the author's analytical material shows beyond all doubt that introjection, which seeks for the restoration of the destroyed object, corresponds to oral incorporation. Further material led him to conclude that behind the oral-sadistic impulses there lay also the desire for a pleasurable sucking activity.

As on the anal-sadistic level, so on the oral level of organization, two secondary stages are postulated: an older one, which is dominated by the sucking instinct and as yet knows no object, and a later one, dominated by the biting instinct, where the desire is wholly to incorporate and there-

fore to destroy the object. It is with this impulse to destruction that ambivalence begins ; the sucking phase, where there is as yet no awareness of any object, is termed ' *pre-ambivalent* '.

From the level of biting, ambivalence extends over to all higher levels of libidinal organization and is overcome only when the final, genital level is attained. Since it is well known that even in hysteria, which is on the genital level, the attitude to the object is ambivalent, we must distinguish on this level also two phases : the ambivalent and the ' *post-ambivalent* '. Further investigations into the psychology of melancholia and its ambivalence, the etiological conditions of manic-depressive disease, the unconscious content of the melancholiac's self-reproaches, the infantile prototypes of melancholic depression and, finally, the psychology of mania lead to the discovery of interesting and important connections.

Although Abraham still hesitates to speak of curing manic-depressive states by psycho-analysis, the therapeutic successes which he records do not fall far short of this ideal. He tells how the patients' capacity for transference increases, while their narcissistic, negative attitude towards their surroundings becomes less marked ; they become capable of genital relations, their feelings of inferiority can be brought to a vanishing-point, etc. When we consider the complete helplessness of every other form of therapy in the face of this disease we shall certainly not undervalue such successes as these, and they should give us assurance in prescribing psycho-analytic treatment even in genuine manic-depressive states, and this not merely from the point of view of research.

The second part of the book is an examination into ' the beginnings and development of object-love '. Observation of two female hysterics revealed to the author an intermediate phase between narcissism and object-love. In this the sexual aim of the subject was to possess herself of part of the body of the object ; by this means the integrity of the object was destroyed, but it was not deprived of existence. This ' partial incorporation ' is not so narcissistic in tendency as the original, cannibalistic, ' total incorporation '. In it we detect already a preliminary phase of a later ' partial love ', in which incorporation is no longer the aim.

Finally we meet with the phenomenon of an ' erotic affirmation of the object with exclusion of the genital organ ' as ' a typical hysterical manifestation of the incest-prohibition '. This ' object-love with exclusion of the genital organ ' appears to coincide with Freud's phallic stage of organization. Through the operation of the castration-complex everything about the object may be loved rather than the genital. The attaining of the definitive, genital state of organization coincides with the final act of development in the realm of object-love. In an illuminating paradigm Abraham presents schematically the phases of libidinal organization and those of the development of object-love in their mutual relations. It would be well worth while for future research to try to elaborate this scheme. In

conclusion the author shows how perfect a prototype for the extra-uterine libidinal development are the prenatal, organic phases rapidly passed through by the embryo.

It is of course impossible in a short review to do justice to the rich content of this work. Apart from its valuable contributions to our psycho-analytical knowledge, we believe it to be of exceptional importance from the point of view of method. It endeavours to demonstrate through purely clinical, empirical work the validity of the libido-theory, which we already recognize as the basis of that work, and to enlarge the content of the theory by a progressive application of it to the facts. From the point of view of method this work of Abraham's may rank with the admittedly exact procedure of natural science in general. To the psycho-analyst it proves how much has been accomplished and is still to be accomplished by purely clinical research.

Fenichel.

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Das Trauma der Geburt und seine Bedeutung für die Psychoanalyse. By Otto Rank. (Internationale Psychoanalytische Bibliothek, Nr. XIV.) Vienna, 1924.

It is impossible to pass judgement on the correctness of the thesis put forward and defended in this book concerning the significance of the trauma sustained at birth; but the very fact that we must of necessity refrain from giving an opinion upon the leading idea of the work amounts to a decidedly adverse criticism of the book as such and of the methods adopted by its author. All that is vouchsafed to the reader of the fundamental facts, the observations and experience upon which the author has drawn, is a few allusions at the beginning and end. For all these facts, which are essential to understanding and judging this book, we are referred to future publications, the work itself being composed chiefly of conclusions from and applications of a discovery the basis of which is only hinted at. The more comprehensive and grandiose the conclusions—and they comprehend nothing less than the whole process of civilization in all its potentialities and ramifications—the more ingenious and unerring the individual deductions and formulations, the greater the skill and certainty of the dialectic, the more are we sensible of this defect. We see a boldly soaring, gigantic flight of steps, which promises to take us to the clouds, but which unfortunately rests, not upon solid earth, but upon a few planks which have been provisionally thrust beneath it. We meet again all the author's well-known excellent qualities in this new work, sometimes even in a higher degree than formerly. But it is regrettable that we do not find that which distinguished his earlier works: the sobriety which is the indispensable condition of empirical science and which builds up its argument from the bottom and begins with the facts.

Let us for a moment suppose that Freud had attempted to introduce

and prove the Œdipus complex, not with his works on the theory of neuroses, the interpretation of dreams, etc., but by means of the material presented in *Totem und Tabu*, merely appending the remark that the analysis of the psycho-neuroses had long since made the fact itself incontrovertible in his own mind. But in the case before us the position is far worse, for the trauma of birth is still more deeply repressed and more remote from consciousness than the Œdipus complex, while at the same time it is a still more fundamental and therefore more universal thing, so that it has left its deposit in far less marked and unmistakable characteristics than has the Œdipus complex. So, at the best, we have only interesting analogies and sometimes striking agreements, and, at the worst, obviously forced inferences. In any case it is always only probabilities to which other probabilities are opposed; there is never the possibility of logical demonstration.

Another difficulty is that the author only drops hints as to the *technical* innovations to which his discoveries have led him and to which, through the therapy of the neuroses, he owes the confirmation of his postulates. He states that it is unnecessary ' to prove the " pathogenic traumata " by the tedious process of analytic research ' (p. 202). ' The reconstruction of the story of childhood ensues . . . without any trouble ' ; but as he does not enlighten us in any way as to the nature of his technique, which appears to be diametrically opposed in important particulars to the psycho-analytic technique hitherto practised, it becomes not merely difficult but absolutely impossible to arrive at an opinion on the subject.

Accordingly, we must suspend judgement on the principles upon which Rank's thesis is based until we can submit them to proof. In this review I do not intend to attempt any refutation but only to indicate some fundamental considerations and objections, both from the general scientific point of view and also with reference to psycho-analytical experience in particular. On the other hand, my criticism of points of detail will be strictly limited to the field of analysis proper. For the reasons I have just mentioned I must here pass over Rank's applications of his theory and the conclusions at which he arrives in connection with the evolution of civilization, the development of religion, philosophy, ethics and so forth, which make up the largest part of the book and represent an achievement on the part of the author which is in every respect impressive. This is not the place in which to discuss them.

We are accustomed to regard the two sides of the Œdipus complex (murder of the father, incest with the mother) as being connected, or indeed as forming an indivisible unity. According to Freud's hypothesis this is represented in the evolution of man by the primal transgression of the brother-horde—an hypothesis which since then has been fruitfully applied in *Group Psychology* and in *Das Ich und das Es*. Moreover, in our clinical experience we have constantly renewed proof of it in the mental life of the

individual as well. Rank tears this unity asunder and splits the Œdipus complex into two wholly disparate parts. The striving to return to the mother is associated with the pleasure experience before the trauma of birth, that is to say with the beginning of all human development. Phylogenetically, it goes even further back than this, for the other mammals, just like the human being, have to experience the intra-uterine pleasure and to undergo the trauma of birth. On the other hand, hatred and fear of the father are explained as something *secondary*, namely, as the anxiety (transferred on to the father but properly having reference to the genital of the mother) which originates in the trauma of birth. According to this view the fixation to the mother is founded on a perfectly real biological fact, namely, the condition of freedom from pain afforded by her, the memory of which is rooted in the furthest depths of the unconscious and is reproduced in analysis. The relation to the father, on the contrary, is not only secondary but also purely of the nature of phantasy. For surely the fact that the father is hated because he, in the character of begetter, separates the child from the mother cannot possibly be seriously regarded as having its origin in the intra-uterine experience of the child, but is based upon a recognition which belongs to a much later period and to a higher mental stratum than the ' trauma of birth.'

Again, it is just as hard to understand why the birth of another child ' bars, so to speak, once and for all the path of return ' (p. 28), so that the youngest-born who is, ' so to speak, always bound up with her even on the purely physical side ' (p. 108) is supposed to be enabled to assume the rôle of the hero. We know how little unconscious wish-phantasies are susceptible to the influence of opposite realities. One would suppose that the fact of the birth of another child would not have any considerable influence upon this strongest and deepest phantasy of return to the uterus—a phantasy which has dominated the child from birth, while its repression and the withdrawal of it from reality have been once for all secured.

The fact of phylogenetic repetition, which is intimately connected with the two-fold content of the Œdipus complex, is similarly obliterated until only an indistinguishable trace of it is left. For Rank looks upon the path which man has travelled in his endeavour after detachment from the mother and reconciliation with the father as merely the expression of the experience of the trauma of birth—an experience which is both prior to and subsequent to all cultural and individual development and common to all individuals in actuality. This trauma he regards as the eternally immutable cause of all mental processes and believes that no developmental influence can be brought to bear upon it.

He gives no very satisfactory account of his fundamental concept—the trauma—although it is the sole basis of the whole work. We should, however, suppose that an experience which precedes the real construction of the mental apparatus and therefore does not overtake an apparatus

already functioning must in its nature and its results be something different from what we commonly call a ' trauma '. By this term we understand not only a rupturing of the shield against stimulus and an attempt to prevent such a breach by means of narcissistic anti-cathexis, such as happens in all living creatures, but a specific kind of elaboration which belongs to the mental life of human beings alone, in the phases of development with which we are familiar and amongst which pre-natal existence cannot be reckoned. Now it is at least doubtful whether birth can be regarded as a ' trauma ' in this sense. Rank comes to no clear conclusion on this point and simply states (p. 179) : ' thus the anxiety experienced (at birth) is the first content of perception, the first mental act, so to speak '. But how the mind which here suddenly takes the stage as a *deus ex machina* in the form of anxiety (i.e. as a repressive, or, at the beginning, defensive institution) can become operative before the mental content destined for repression can have come into existence at all is a matter which remains wholly unexplained. Nor does the following axiom agree with our experience : ' Thus the primal tendency to renew our original, deepest experience of pleasure is counteracted not only by the primal repression, designed to protect us against the repetition of our greatest experience of pain—a repetition inevitably bound up with any such renewal '. . . (p. 190). On the contrary, we see that repression follows the primitive tendency to obliterate from consciousness experiences which were or have become painful, while retaining as far as possible such as were pleasurable. Rank's ' primal repression,' however, attacks first and foremost that which is pleasurable—that recollection of pre-natal life which has been irrevocably obliterated in the human being ; whereas the painful experience, the anxiety of the birth-trauma is only lightly touched by this repression, for we detect it quite clearly in justified anxiety, in neurosis and elsewhere. The parallel with the behaviour of patients suffering from war-neurosis is hardly a good one here, for such patients had only to work through a traumatic experience which had not been preceded by any pleasurable situation. It appears then that Rank understands by ' trauma ' and ' repression ' something not precisely the same as is meant in psycho-analysis by these terms. Since this distinction is nowhere clearly brought out, the reader finds himself oscillating in an uncertain fashion between different meanings of the same terms.

Before proceeding to details, I would say a word about the style in which this book is written. It is admirable, as we should expect in a work by Rank. The vast mass of material is handled with sureness ; the book is distinguished both by the happy selection and skilful presentation of his points and by the amazing dialectic which never degenerates into empty sophistry. Nevertheless I must make two criticisms : everything in the book is referred to as ' clear ' or ' much clearer still '. The spirit of doubt, which one would suppose must find some place in so novel and difficult a

piece of research, has scarcely breathed upon the author. And again, the almost unlimited use of the phrase ' so to speak ' (cf. the passages I have quoted) makes a bad impression : in a scientific investigation of so wide a range and such great importance one has no business to qualify most of one's conclusions by the words ' so to speak '.

As regards single points I will quote only those which may serve as characteristic examples of the method of presentation and proof followed in this book, and which therefore may suggest some useful lines for a future criticism of its principles.

Rank sees in the analysis-situation a reproduction of the intra-uterine state : ' the position of rest in the half-dark room, the gradual passing into a state of phantasy almost free from the demands of reality (hallucination), the presence and at the same time the invisibility of the libidinal object, etc. ' (pp. 10 *et seq.*).

To this I would only reply that in the last respect the agreement does not exist in reality but only in the way in which he formulates it. For (apart from the fact that it is very doubtful indeed whether one can call the mother the ' libidinal object ' of an unborn child, who as yet knows nothing of the limits of the ego or of object-libido) the similarity is not very great between the child who sees neither its mother nor the rest of the outside world, because it cannot see anything at all and possesses as yet no sense of sight, and the patient for whom only the analyst is for the moment out of sight. As regards the ' gradual passing into a state almost free from reality ', we know that analysis is a struggle against the pleasure-principle, between the forces of resistance and of repression, and this is felt almost unintermittently by the patient as a series of mental conflicts. Again, the process of free association does not admit of any comfortable passing into a state of this sort, for it compels the patient to observe and utter his associations, including those which he would otherwise have dismissed as painful. Thus the demands of reality persist in a very acute form, namely, as the demands of analysis. So that all we have left is the ' position of rest in a half-dark room '. Now the position of the patient, whom we ask to lie on an ordinary sofa and therefore with raised head and at full length, certainly bears no resemblance to the intra-uterine situation, in which the child lies head downwards with knees drawn up. The half-dark room, which is the only point of similarity left, is arbitrarily represented by the writer as part of the analytic technique as hitherto practised. There has never been any talk, so far as I know, of a rule of this sort, nor am I aware that Freud or any other analysts of note obse rve it themselves or have recomended that it should be observed.

Speaking of the fear of small animals, the writer says : ' It is perfectly clear that the uncanniness of these small creeping animals, e.g. mice, snakes, toads, beetles, etc., is to be traced to their peculiarity of completely vanishing into little holes in the ground and so forth ' (p. 16). It strikes

us at once that Rank gives no special prominence to the snake, which is surely the anxiety-animal *par excellence* and accordingly plays a leading rôle in ritual and myth, religion and superstition. He simply ranges it between mice and toads. It is of course indisputable that the affects produced by snakes have reference to the fact, now thoroughly recognized, that they are peculiarly adapted to be a phallic symbol. (I need not here enter into the characteristics which make them so.) No less anxiety is felt in relation to the numerous species of snakes which never do vanish into holes in the earth, e.g. tree serpents. If the anxiety depended on this habit, moles, badgers, and above all lizards would be in a far higher degree anxiety-animals than are snakes.

No less open to criticism than this explanation of anxiety by the trauma of birth is that given of ' pleasurable situations ', for example of ' the children's game of travelling '. In Rank's view it is ' in accordance with the uterine situation that the lack of locomotion, which is just what seems to the adult absurd, constitutes the actual wish-fulfilling element ' (p. 79, footnote 2). The judgement of the adult is vindicated by the fact that children are almost always ready to drop this game in favour of the real pleasure of movement: running, climbing, playing at horses. The writer himself says in another passage (p. 25): ' Games of rhythmic movement, such as swinging or ride-a-cock-horse, simply repeat the rhythm experienced in the embryonic phase '. So it appears that the two contrasting phenomena are equally explicable by reference to the intra-uterine situation.

In discussing the perversions Rank refers to the explanation given in his paper ' Perversion und Neurosis ',[1] but unfortunately he does not discuss how far this earlier work is affected by his new theory. For the statement (p. 34) that the pervert ' himself plays the part of the anal child before it has had to undergo the birth-trauma ' surely cannot bridge the wide gap between the one conception, according to which the perversion signifies at one and the same time a realization of the infantile wish to bear a child and a repudiation of the sense of guilt, and the other conception, according to which it represents a cancellation of the birth-trauma. In spite of the brackets and quotation-marks with which Rank encloses the term ' polymorph-pervers ' it is impossible to discover why he so designates the primal pleasure-situation.

When we turn to individual points in this conception of the perversions the contradictions become still stronger and more glaring. Thus we read of oral perversions that they ' in some way continue the intra-uterine libido-gratification (or else the post-natal gratification at the mother's breast) ' (p. 34). The words ' or else ' are completely incomprehensible, for it is precisely the oral zone which after birth has quite other functions, and

[1] International Journal of Psycho-Analysis, Vol. IV.

therefore quite other potentialities of pleasure and ' pain ', than before (p. 34). ' The characteristic of the exhibitionist is that he desires to return to the paradisical primal state of nakedness in which he lived before birth . . . '. We must of course admit that the child in the uterus has no clothes on ! But the (male) exhibitionist generally cares very little about being naked or even about the nakedness of his penis. His aim is far rather that his penis should be *seen* by others, and the resemblance of this aim to the intra-uterine situation is somewhat far to seek.

The writer regards masochism as ' the transformation of the pain suffered at birth into pleasurable sensations '. At present it is as yet by no means established that the child does suffer pain at birth. In my experience, which is borne out by a remark of Freud's,[1] the vast majority of masochists avoid suffering pain. If it exceeds a definite and by no means high degree the masochistic pleasure is converted into pain, but no such limit is set to the contrivance of torments or humiliation and abuse in play, as it were. So that it cannot be justifiable to regard pain as the central phenomenon without more ado and to treat everything else simply as a radiation from this. Again, it is just as one-sided, when discussing sadism, to quote tearing the victim to pieces as the standard example. There are other forms which have nothing to do with forcing a way back into the uterus and yet are quite as significant—above all that of beating, as is shown in Freud's paper ' A child is being beaten ' (1919),[2] and elsewhere.

Rank's explanation of homosexuality is as follows : ' Homosexuals of either sex . . . regularly play the part of mother and child in the unconscious. This is directly manifest in female homosexuality ' (p. 36). The question arises why female homosexuality shows openly the very thing which the male homosexual so powerfully represses, for he ' regards the woman simply as the maternal uterus and is therefore incapable of recognizing a pleasure-giving organ in her '. According to this view, male and female homosexuals must belong to exactly opposite types, for the female genital, which deters men from the normal fixation to the opposite sex, has so strong an attraction for the women that they cannot detach themselves from it. But this contradicts psycho-analytical observation and also the fact that it is just in ' intermediate types ', physiologically as well as psychologically, that the tendency to homosexuality is strongest.

In the author's discussion of ' neurotic reproduction ' his exposition of dementia præcox (schizophrenia) deserves special mention, for both the manner in which he employs the material on which his remarks are based and his method of presentation merit unreserved commendation. Here he allies himself most closely with an already existing psycho-analytical theory, which pronounces the basis of schizophrenia to be a regression to

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[1] 'The Economic Problem of Masochism,' *Collected Papers*, Vol. II.

[2] *Collected Papers*, Vol. II.

primitive narcissism. In this connection he has not found it necessary to make any of those bold leaps of thought, so common in this book, in order to bring in the intra-uterine situation. Basing his remarks upon the work of Freud, Tausk, Nunberg, Schilder and others, Rank has developed this idea with clarity and demonstrated its truth in detail. In order to estimate the soundness of this conception we have only to compare it with the theory of paranoia following it, which is indicated merely by the following passage (p. 70) : ' In paranoia the outside world receives a libidinal cathexis far exceeding in intensity the normal " adaptation " ; the whole world becomes, so to speak, the uterus, to whose hostile influences the patient is exposed '. For this far-fetched explanation, according to which the persecutors, whom psycho-analytical experience shows to be always of the same sex as the patient, represent ' so to speak ' the maternal uterus, no single observation, no clinical material, in fact no basis in reality is adduced—with the exception of a passage from Strindberg, where he says he protected himself against the ' emanations from a woman ' by putting a woollen cloth over his shoulders and throat, but we know that the persecutors of whom Strindberg writes in his *Inferno* are for the most part men.

The author states that in melancholia we have a picture of the intra-uterine situation. But Abraham has shown that one of the characteristic features of this disease, the ' refusal to feed oneself ', is a reaction-formation to an unbridled, cannibalistic pleasure in devouring, which surely without any question belongs to a post-natal (oral) phase of development. The question why the return to the uterus, which everywhere else (for example in games, in the perversions, etc.) is experienced as pleasurable, is in this disease accompanied by depression is dismissed with a reference to a subsequent explanation in the discussion of the pleasure-pain mechanism. The present reviewer, however, has not succeeded in finding this explanation ; the fact is that in the explanation of homosexuality and in other passages a fundamental lack of clarity, amounting to a contradiction, makes its appearance again and again, for the same goal is regarded as causing sometimes pleasure and sometimes anxiety, and we are not told with what this change from positive to negative is connected. It cannot be due to repression, which we are accustomed to hold responsible for phenomena of this sort, for everything associated with the birth-trauma has undergone ' primal repression '.

The method, adopted throughout in this book, of constructing theories on a basis of material which for the time being is withheld from the reader is particularly striking in the chapter headed ' The science of psycho-analysis ' (*Die psychoanalytische Erkenntnis*). For here it is in the most direct antithesis to the psycho-analytical method as practised elsewhere, and in particular by Rank himself in a manner worthy of imitation. How far from psycho-analysis this mode of thought and presentation has carried the author in the actual content of certain passages of his work may be

shown by quoting a sentence (p. 186): 'Everything which goes beyond this (the embryonic condition) and especially everything sexual in the narrower sense belongs to the preconscious, as is shown by sexual symbolism in wit, folk-lore and myth; the only part which is really unconscious is the libidinal relation of the embryo to the maternal uterus'. Thus everything sexual, in which the Œdipus complex must certainly be included, is pronounced to be preconscious; so, too, all those repressed contents of the mind whose symbolic representations are in certain circumstances pleasurable and accessible to the understanding of the Cs. Yet amongst these last we must reckon many of the uterus-symbols cited in the book, and according to Rank's argument this would prove that the recollections (or phantasies) of intra-uterine life are only preconscious; finally he attributes to the embryo a libido directed towards the maternal uterus—all of which is in complete opposition to the proved findings of psycho-analysis.

That the book contains certain startling hints at a completely novel therapeutic technique has already been mentioned. 'Since the patient generally starts off with the transference, it is possible for our technique to begin with revealing the primal trauma . . .' (p. 204). Our first criticism of this statement is that there appears to be a confusion between the time when the transference is formed and the other, much later, time when it is advisable to begin the analytic solution of the transference. Nobody familiar with psycho-analytical technique will be able to understand how at the beginning of the treatment, when the transference is only just established, one can 'reveal' that which is most deeply repressed. Our experience teaches us that patients in this situation eagerly receive and appear to assimilate communications which they are still far from being able to deal with psychically. This they do simply because these things are still for them purely theoretical, mere general propositions. The resistance first breaks out when, in consequence of the analytical working through of the material, the subject's personal experiences together with the associated affects are touched upon and awakened, and when it is a question of repressed recollections of early childhood this can scarcely ever happen at the beginning of the treatment. It is altogether incomprehensible how it can be possible so quickly to impart that individual vividness of recollection and the reawakened affect of anxiety to thoughts about the subject's own birth, towards which the conscious attitude of most people is completely free from affect or conflict. But our author promises even more, namely, completely to reverse the course of analysis which, he maintains, will be able to reconstruct the story of childhood 'from the base upwards, so to speak, without any difficulty'. An analysis of this sort, beginning with birth and the first impressions of life and going through the time of puberty, until it terminates in current conflicts, is a thing of which I am personally unable to conceive. The complicated structure of the mind and the curious windings of sexual development will assuredly make it certain

that (in a phrase used by Professor Freud in conversation) ' for a long time yet the *spiral* path of analysis will have to be followed '.

Rank formulates the problem of the neuroses as follows : ' The civilized human being, and still more the artist, can reproduce this objectively in manifold forms conditioned by the primal trauma and strictly determined, whilst the neurotic is compelled to reproduce it over and over again in the same way and in relation to his own person ' (p. 203). True, it remains an open question why one man reacts in one way and the next man in another, seeing that both have experienced the same trauma in exactly similar fashion. Rank conjectures that the varying degree of severity of the birth-trauma is responsible for the difference between the introverted and extroverted types ; so that we may leave this variable quantity out of the question in accounting for the difference between neurosis and health. As we see, our consideration of the birth-trauma supplies no answer to this important question ; to settle it we must go back to the ætiology established by analysis : the disposition of the individual and the experiences which determine both the course of his development and the fixation-points of his infantile sexuality.

If, in conclusion, I attempt to form some estimate of the fundamental idea of this book, I would say that since it called my attention to the subject I have collected certain observations of my own and am led to conjecture that the scientific discovery in itself is one by no means to be neglected. Rank takes as his starting-point the Freudian hypothesis that anxiety has its origin in the experience of birth, and we can scarcely doubt that the lines of thought which he suggests have not yet been followed to the end and that these ideas may be turned to good account in various directions. At the same time he does not, as Freud does, see the physiological prototype of anxiety in the process of birth, but lays it down without more ado that ' the primal anxiety-affect . . . owing to the conversion of a highly pleasurable situation into one which is extremely painful, immediately takes on a " psychic " emotional character ' (p. 179).

Nevertheless we must admit that in spite of the one-sidedness and exaggeration which, as I think I have shown, characterize the book, psycho-analysis receives a valuable contribution in having attention drawn to the significance of the experience of birth, hitherto overlooked or underestimated, and that this may be reckoned as one more proof of Rank's psychological acumen. But progress along this line will certainly not take place in the way that he attempts in this book. We shall advance, not by endeavouring to gain by one bold leap a foothold on the other side of the abyss, but by patiently continuing to build on the firm and reliable foundations of psycho-analytical science.

Hanns Sachs.

Die theoretischen Grundlagen und die wissenschaftstheoretische Stellung der Psychoanalyse. By Willi Schohaus. (Verlag Ernst Bircher, Bern.)

The author of this work has set himself the by no means inconsiderable task of discovering and testing the theoretical foundations of psycho-analysis. He writes as follows: 'In this book we shall not concern ourselves with Freud's views, the content of which is psychological, which are based on his own intuitions and in which his great scientific importance lies. Our task will be to set forth and pass judgement upon the theoretical principles of his scientific work' (p. 6). He goes on to explain the point of view from which he undertakes this task: 'The examination which this book contains is based on the conception, developed by Professor Häberlin in *Der Gegenstand der Psychologie*, of the principles of all empirical science' (p. 7).

The author goes on to say: 'Thus we shall encounter him (Freud) on a field—namely, that of scientific theory—where his strength does not lie. Inadequacies, inconsistencies and gaps in Freud's fundamental scientific positions will force us to attack them again and again'.

It is well known that psycho-analysis was evolved from the direct observation of mental operations and gradually created its terminology and the body of its theoretical concepts as the need arose. We know, too, that psycho-analysis is prepared to abandon these or substitute better if necessary. Now it is certainly very interesting for anyone versed in philosophy to apply his logical and speculative training in testing the psycho-analytical body of doctrine. But he must not forget in doing so that what appears to be laid down with certainty in Freud's theoretical propositions is really of the nature of working hypotheses to be used only so long as nothing better is found to replace them.

Schohaus takes as his starting-point the principles of an 'empirical science' as laid down by Professor Häberlin; but in the present work these principles are not handled with sufficient clearness and thoroughness to yield any fruitful notions.

The author deals with certain points of view which he regards as relativistic and pragmatic. The psycho-physical problem is discussed, and in this connection he remarks: 'Thus Freud's writings do not anywhere contain a clear definition of his position with regard to the psycho-physical question' (p. 37).

In general he complains that Freud fails to carry certain views to their logical conclusion. Further he thinks that inadmissible pronouncements with regard to 'values' have crept into Freud's statement of his theory; his opinion is, however, obviously due to a misunderstanding. When Freud speaks of 'higher' functions, of 'sublimations', and of conceptions such as 'sick and healthy', he is adhering to current phraseology in order to define without ambiguity definite mental activities. Anyone who has a more exact knowledge of the Freudian intellectual world will soon notice

that in it all the ways in which the human being manifests himself, whether they be physical or mental, animal or sublimated, meet with a uniform interest, which in its logical consistency actually surprises and offends the moralist. Such implications as that ' in this connection Freud constantly pronounces upon values ' (p. 42) are not justified.

Farther on he discusses certain working hypotheses which have proved fruitful in the investigation of mental life : I mean those which picture it in topographical, dynamic and economic terms. In this connection the author objects to Freud's having used (with however great caution and reserve) the figure of a mental apparatus, in order to make his points clear.

Jung, Adler and Stekel are also dealt with, but this writer does not confuse their methods with Freud's analysis—a fact upon which he is greatly to be congratulated.

At the conclusion of the book, however, we find the author's own tendencies and purposes becoming plainer in his summary.

He recognizes once more that psycho-analysis is the only method which has given us insight into the nexus of mental processes. He goes on, however, to qualify this as follows (p. 79) : ' But at the same time there are certain features common to " the whole psycho-analytical line of thought " in psychology, features which we adjudge to conflict with the attitude of empirical science and which we repudiate in the interest of psychology regarded as a pure empirical science.' There follow six precisely-defined objections, some of which we will quote :

(1) ' The importation of a philosophic relativism '. Obviously this is a question of the attitude of absence of preconception, an attitude which is an inner necessity to the natural scientist, one which he never, indeed, attains but must always strive after, in order that the reflection of reality which he receives may be as little distorted as possible. We know that for the analyst the attitude of evenly poised attention is specially important.

(2) ' A eudaimonistic philosophical position (and, bound up with this throughout, a one-sided psychology of instinct) '. Apart from the fact that analysis does not advocate any philosophy of life the author is making a generalization from the discovery that in the economy of the mind the striving after health and enjoyment constitutes a strong motive. On the other hand he forgets that the bodily health of the patient calls forth a deeper interest in the physician than in the philosopher or metaphysician. Thus he expresses himself further as follows :

(3) ' An amalgamation with medical and other practical ethical interests '. Yes—for analysis is a therapeutic art and not a metaphysical system.

On the whole Schohaus seems to have approached analysis with certain definite expectations which have not been fulfilled, and he overlooks the fact that it is no part of the task of analysis to offer a logically rounded-off

exposition but rather to acquire insight into the *actual* conditions and complexities of the mind of man.

Ph. Sarasin.

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Le Freudisme : Exposé et Critique. By Dr. J. Laumonier. (Felix Alcan, Paris, 1925. Pp. 172. Price 9 fr.)

The reputation of yet another professor of psychology for sanity of judgement has foundered on the rock of psycho-analysis. Professor Laumonier gives first an account of psycho-analysis and what he calls ' le Freudisme ', and follows this with two chapters of criticism. ' The criticism ' runs the usual course and comes to the conclusion that all the fundamental tenets of psycho-analysis are moonshine. Thus, there is no unconscious mind, only a physiological substratum, and this being disposed of everything else follows. The only noteworthy difference between Professor Laumonier's criticisms and those with which we are so familiar is the low order of intelligence they display. Thus he thinks the myth of infantile sexuality has arisen through children being viewed through adult eyes. If adults generally believed in infantile sexuality and a sceptic produced good reasons for doubting that belief, the criticism here brought forward by the author might have its good point, but, the situation being what it is, the comment is merely topsy-turvy. Then he seriously regards the fact that many girls grow up without having any ' precise notions of sexuality ' as disproving the theory of repression of infantile sexuality, whereas investigation of just these cases furnishes the best evidence in support of it. Symbolism is dealt with in the following way : A number of examples are quoted from Shakespeare and other poets and no distinction whatever drawn between unconscious symbolism, metaphor and flowery allegory. Treating them all as being examples of symbolism in the psycho-analytical sense, he then asks rhetorically why we should prefer Freud's interpretation to Shakespeare's.

In accounting for Freud's perverse views he accepts Aschaffenburg's fictitious assumption that Freud's practice was first confined to sexual perverts and that he then generalized from these. The *milieu* at Vienna is once more made responsible, an explanation which Freud well declared to be ' quite especially silly ' : there might be some point in discussing *milieu* if the theory of repression had been discovered amidst a particularly prudish people, but that it should be discovered amidst people of the opposite kind is a consideration which could be used only by an opponent who had not grasped the difference between the manifest and the latent, between conscious and unconscious. The author also subscribes to Friedlander's invented idea that Freud was influenced by Otto Weininger. Naturally he adds his own racial prejudices to the others, declaring that the German culture amidst which Freud is supposed to have lived is of a specially coarse order, and maintaining that such a theory could not have

been propounded from a study of such notoriously pure-minded and chaste races as the French or Italians; to the Anglo-Saxon this view of the Latin and Teutonic races will come with a start of surprise.

E. J.

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Sexualpathologie. By Arthur Kronfeld. (Handbuch der Psychiatrie, Deuticke, Vienna, 1923.)

This is a book worth reading, and it fills to some extent a long-felt want in specifically sexuological literature. Up till now official sexuology has made very little use of the results of psycho-analytical research; this book may be said to be written under the ægis of Freud. The Freudian libido-theory, in particular that side of it which deals with the infantile sexual development, with the erotogenic zones and even with the 'polymorphously perverse' character of the child, is for the most part accepted and applied with understanding in the discussion of pathological sexual phenomena. One has the impression that the author has digested the psycho-analytical doctrine, and yet frequently, even in passages in which the essential fundamental propositions of psycho-analysis have been practically accepted, he speaks of the 'schematically generalized and dogmatically petrified character' of the theory as represented by the Freudian school.

His repudiation of the psycho-analytical view that psychogenetically the sexual conflict plays its part in *every* neurosis, whilst other conflicts may or may not be present, leads him to postulate a special group of 'sexual neuroses', to which he devotes a whole chapter. It is true that under this heading is included almost every form of neurotic disease: hysteria, anxiety-neurosis, obsessional neurosis, neurasthenia and so forth. The author does not even give examples of non-sexual neuroses. His ambivalent attitude to this psycho-analytical view is best illustrated by the following remarks (p. 85): All the symptoms of the obsessional neurosis indicate 'a specially typical and strong psychogenetic interweaving of obsessional formations with *sexual* repressions'. 'I must of course emphasize the fact that in stating this I do not mean to assert that the connection is a fundamental one' . . . 'nevertheless the obsessional symptoms taken as a whole do indicate a special relation to sexuality, no matter what the nature of this relation may be' . . . 'As regards anxiety-states there can be no doubt, even if we do not confine ourselves to the pure Freudian doctrine, that they almost always originate in actual injurious conditions in the sexual life'.

The author is less deeply versed in the psycho-analytical explanation of the perversions, particularly of homosexuality. Where he has not been able to rely on well-worked-out analytical findings, for instance, in his discussion of fetichism, zoöphilia, etc., his exposition is unsatisfactory, but that, to be sure, is not his fault.

He still frequently makes use of obscure concepts, such as ' general mental abnormality of disposition ' and the like. On the whole the book is an unbiassed and skilful presentation of the subject and gives an excellent survey of the present position of research into the problems of sexuality. In a work which is avowedly a survey it is not possible for the author to put forward much fresh material or to accord more than a superficial treatment to the phenomena described.

W. Reich.

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Pathologie de l'imagination et de l'émotivité. By Dr. Ernest Dupré. (Payot, Paris, 1925. Pp. 501. Price 25 francs.)

This is a book of eighteen very interesting papers by the late Dr. Dupré, collected and given to the world by two admiring pupils, M. Paul Bourget and Dr. Achalme, who introduce the volume with an encomiastic preface and biography of sixteen closely printed pages.

The range of subjects is very wide, including, for example, mythomania, the psycho-diagnosis of general paralysis, testimony (a psychological and medico-legal article), *débilité motrice* (including torticollis, stereotypies paratonia, congenital neurological inco-ordinations, etc.), the madness of Charles VI, misers, the instinctive perversions and the doctrine of constitutions.

Mythomania, which Dupré reads into quite a number of neuroses, psychoneuroses and psychoses, is a wider term than our pseudologia phantastica ; for it includes a ' passive form ' characterized by credulity, suggestibility and feebleness of judgement and criticism. The work teems with novel points of view (characteristically French of course) which are of considerable interest.

Dupré evidently had a very extensive experience, for the papers contain many cases of considerable rarity. He always made a serious attempt to trace these ' trésors ' psychologically to their origin ; but—in the light of psycho-analytical knowledge—it becomes doubtful whether he ever carried his investigations far enough. He had evidently read widely—French, English, German, Italian, Spanish—and it is noteworthy that, although critical at times, his writings are totally devoid of invective against any of his contemporaries. There is not even an unkind word for Freud. Nor, on the other hand, is there anything psycho-analytical in the book. Nevertheless, it is a charming publication to have on one's bookshelf.

W. H. B. Stoddart.

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Über den Inzest. By Professor Heinrich Többen. (F. Deuticke, Leipzig and Vienna, 1925.)

Of recent years several works have been published giving reports of incestuous relationships, especially between fathers and daughters, in the

lower strata of society (where there is insufficient housing accommodation), and amongst persons of inferior development. The data have been acquired mainly from children and young persons under organized Social Care. Professor Többen discusses the penalization of incest and other methods of combating it; he quotes freely from the literature of the subject, and his report of the Province of Westphalia is prefaced by a general historical survey of the question. One of the points which he makes is that in many ancient peoples, civilized and uncivilized, incestuous relations were not merely not forbidden but actually enjoined, the gods being held up as an example in this matter, and further that at the present time in many States (e.g. Holland, France, Belgium, Spain and others) there is no punishment for incest.

Hitschmann.

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The Emotions, Morality and the Brain. By C. v. Monakow, of Zurich. Authorized translation by Gertrude Barnes, A.B., A.M., and Smith Ely Jelliffe, M.D., Ph.D. (Nervous and Mental Disease Publishing Company, Washington and New York, 1925. Pp. 95. Price $2.)

If we were required to select those three groups of the community who find the greatest difficulty in understanding and accepting the principles of psycho-analysis, there would be considerable unanimity in naming the neurologists, the physiologists and those who have passed the sixth decade; but here we have a neurological physiologist, whose reputation was world-wide as such thirty years ago, writing 'Our knowledge of the so-called emotionally toned complex, of their "repression" (Freud) into the unconscious, and of their discharge, we owe above all to the works of the so-called psycho-analysts (Breuer and Freud, Bleuler, Jung, Adler and others). Through innumerable observations I have been able to confirm the correctness of many of the clinical facts taken as a basis for the explanations of these authors', and more on the same lines.

But the aim of the book is to correlate the psychological study of the emotions with the biological and physiological, the disquisition being based on the well-known work of Pavloff, Kalisher, Cannon, Crile and others.

v. Monakow preserves a balanced opinion respecting the rôles played by the psyche, the central nervous system (especially the cortex), the sympathetic and autonomic nervous systems and the endocrines.

The translators' preface consists of an amply justified apology for a very involved style necessitating 'a special intense intellectual effort on the part of the reader to hold the ideas in apposition', but apparently unavoidable in making a literal translation from the German text into English.

W. H. B. Stoddart.

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Psychology of Early Childhood, up to the Sixth Year of Age. By Wilhelm Stern. Translated from the Third Edition—Revised and Enlarged—by Anna Barwell. (London: George Allen and Unwin, Ltd., 1924. Pp. 557. Price 16*s*. net.)

Professor Stern's investigation into the first six years of childhood, originally published in 1914 and now brought out in a third edition, gains value in that he has given attention in his present edition to many new developments of thought.

He introduces the subject of psycho-analaysis as follows: 'Totally independent of all efforts hitherto described, and also with an entirely new assumption, the psycho-analysis, originated by Freud, approaches the child's psychic life. Here, once more medicine puts its hand to child-psychology, but now—otherwise than in Preyer's time—it is the emotional phenomena that form the chief centre of interest.' 'The aim of psycho-analysis is to illuminate those depths of impulse and desire that lie in the subconsciousness and use as symbols certain outer demonstrations and conscious phenomena to announce their existence. This fundamental thought contains a deep truth.' (Chap. I, p. 32.)

It is true that Professor Stern goes on to object to the extensive rôle played by sexuality in the psycho-analyst's view ('this unconscious germ in the psychic nature is everywhere—even in the little child—looked upon as sexuality,' p. 32), which leads, he thinks, to interpretations dangerous to the child, and throughout his book criticizes and repudiates a great many of Freud's most fundamental conclusions, yet psycho-analysts will discover that again and again Professor Stern's own observations and interpretations lead directly to confirmation of the former's theory.

The book consists of nine sections, each divided into various chapters, packed very full of material. The first five sections deal with the themes, among others, of 'The Period before Speech' (Part II), 'Development of Speech' (Part III), 'Memory' (Part V), and are the most valuable probably, containing admirable records fully illustrated. Psycho-analysts will find especial interest in Part II ('The Period before Speech'), and Part III ('Development of Speech'). In the former the sub-sections 'Imitation' (pp. 90–95), 'The First Beginnings of Play' (pp. 95–101), and 'The Conquest of Space' (pp. 112–124), provide much that is of interest, though they will probably disagree with Professor Stern's views on the causation and significance of these various activities. In regard to imitation, he seems to ignore the purposeful pleasure-achievement thus effected by the child in his efforts—a form of identification which, if successfully carried out, must enhance the sense of power and personality. In discussing the child's power of imitating those actions which he is physically unable to observe in himself, though he can watch them in others, Professor Stern rather strangely remarks: 'We have to mention a particular kind of imitative faculty which cannot be anything but innate. The child

has, namely, the power of imitating movements, noticed in others, but which it is impossible he can perceive in like manner in himself ' (p. 91), giving as examples the case of his son Gunther at nine months, who imitated alternate opening and closing of the eyes, and of Scupin's son at three months, who always opened his mouth when he saw others drinking.

Part III, ' Development of Speech ', is one of the most interesting sections of the book, and from the psycho-analytical point of view provides much food for thought, especially in regard to the theories put forward about the child's early choice of speech (why he selects or rejects certain words, why he hastens forward or lingers in achieving speech) ; self-expression ; differences in speech-development of boys and girls. On all these themes Professor Stern gives very valuable material, but in many instances investigation stops short of root causes since significant unconscious factors are omitted. In the second half of the book, Part VI (' Fantasy and Play '), and Part VII (' Enjoyment and Creative Activity '), the large amount of interesting material collected is valuable for further investigatory purposes, but it is hard to reconcile two of Professor Stern's statements in this connection. He is ready to admit, he says, the psycho-analytical theory of fantasy and its purpose, but he cannot allow its application. ' A sharp distinction should be made between the principle at the root of this symbol-theory and its application . . . as soon as we attempt to make a concrete use of this symbol-theory, we run the risk of overstepping boundaries beyond which it is no longer possible to pronounce a decided verdict of " right " or " wrong " ' (pp. 278, 279). It is difficult to understand how a theory can be true, and at the same time its entire application is to be denied. If the child is capable of fantasy death-wishes, why does Professor Stern feel it is impossible that he should give expression to them in symbolic form ? It seems as if there is a repugnance to allowing that the child can have in *actuality* such unconscious wishes, and also some confusion between conscious and unconscious wishes, for Professor Stern writes : ' If little children in *all innocence* (italics are reviewer's) use the word " death ", or something similar in any fantasy utterance, psycho-analysis sees in it the result of that motive-complex ' (i.e. jealousy and desire of death) (p. 279). In Part IX, Chap. XXXIII, the author's view of repression is given, and his criticism of the psycho-analytical theory. He has many interesting considerations of his own to put forward, well worth careful study, but it must be said that his arguments against Freud's theory of repression are largely based on a misunderstanding of the latter. Also in this chapter, as in former ones, he insists on making a sharp distinction between the ' normal ' child (to whom he wishes to confine his consideration, he tells us) and the ' neurotic ' child, with the result that many phenomena which are undesirable, or difficult to dispose of, are relegated to the limbo of ' psychopathic tendencies ' and thus ignored.

It is impossible to do more than point out a few features of so large

and varied a book as this, but no one interested in the child's early stages should fail to study it.

Barbara Low.

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Ethics and some Modern World Problems. By William McDougall, F.R.S. (Methuen & Co., London. Pp. 235. Price 7*s.* 6*d.* net.)

The publishers announce on the cover that this volume is by the most distinguished psychologist of the present day. The claim is not contested, but it becomes all the more remarkable that the ' valuable suggestions towards a new world order ' (to quote the publishers) are not based upon psychological but upon historical and political principles and pseudo-scientific views about race supported by such authorities as the late Charles Pearson and William Archer. This is not the place to discuss fully what dire consequences will result (in the author's opinion) should the population of the United States become ' one in which the blood of the old American stock (of predominantly Nordic race) will be hardly represented ; it will be a population formed by the blending of descendants of South-eastern Europeans and of Turks, Armenians, Negros, Mexicans, etc.' It sounds dreadful indeed when put in this way by Professor McDougall. The question has been statistically examined by Raymond Pearl, himself of pure ' Nordic ' stock, who comes to the conclusion : ' The kind of people who will survive and run the affairs of the country will . . . I think not be Englishmen, or Slavs, or Jews, or Italians, but Americans. I think they will be just as gentle, as high-minded, as clever, as honourable and as independent as any people on the face of the earth ' (*The Vitality of the Peoples of America*).

The world to-day is ruled, according to Professor McDougall, by two divergent systems of ethics which he terms the class of universal ethics and the class of national ethics. In our Western world the former is generally known as the Christian and the latter as the Pagan ethic. It is a commonplace that European civilization is not moulded by the Christian ethic alone—fortunately, McDougall contends—but it is to the presence of these two divergent ethic systems that he would assign all our ills. He would essay a synthesis, a chemical association of the two systems instead of the existing physical mixture. The essence of this synthesis is that the right to vote is to be withheld from the mentally deficient, convicted criminals, and those who fail to pass a certain grade of the educational system. Is not the voice of the professor here rather too strident ? The voters and the voteless are not allowed to intermarry, though a kind of purgatory is established for the children of the voteless who pass a qualifying educational test—after twenty years of suspension between the heaven of the voter and the hell of the voteless they may, if their character has stood this trial, receive a vote. The work deals of course with general principles and not details ; it is not clear whether children born during the period of

probation would belong to the upper (voter's) class. Why this is called a synthesis is not apparent, or why this system would necessarily ensure an abrogation of the Christian ethic. Professor McDougall would have the world ruled by Internationalization rather than by Cosmopolitanism. It had escaped the reviewer's notice that Cosmopolitanism is widespread among persons who have not had a secondary education; agricultural labourers, miners, bus conductors have not struck one as more cosmopolitan than University professors and stockbrokers.'

An analysis of the data upon which the contentions are based is not required. It seems that a linotype compositor, of, say, *The Times*, is nowadays more highly paid than the editor; that bacteriologists will become bricklayers; that the Bolshevists have carried out a ' wholesale slaughter of the brain-working class.

Now if we may agree with the author that our task is ' not to enter into futile, hopeless contest against the cosmic process, but rather to revise our conception of the ethical process ', surely our first need is to understand this process; we might have expected from Professor McDougall a psychological examination of the two systems of ethics, but this is nowhere attempted. Professor McDougall's proposal for an International Authority to have the sole control of aerial navigation (military and civil) labours under the difficulty of all such mechanical devices for the relief of the world from ' this terrible nightmare, the threat of sudden attack from the air and the destruction of people ', in avoiding the psychology of these nightmares.

The plan deserves, however, full and fair examination by political and military experts. It seems quite practical, but has of course nothing to do with the deeper aims of this work.

M. D. Eder.

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Science and Religion. By J. Arthur Thomson, M.A., LL.D. (Methuen, London, 1925. Pp. 238. Price *7s. 6d.*)

This volume purports to be a review of the present relationship between science and religion, its avowed aim being to solve the conflict existing between them. The author hardly succeeds in the aim of instituting a harmonious relationship, for his main conclusion is that both science and religion are valid in entirely separate fields. As might be expected from a writer of such scientific standing and with such well-known power of exposition, the book is written in an exceedingly interesting and charming way, while the exposition of scientific views is both clear and authoritative. The part on religion, however, is much more subjective and possesses little more than the value of a personal confession. Much of this part of the book is reactionary and even sentimental.

Whatever else religious feeling may purport to be, it is surely a psychological process, and we therefore turn with expectation to the chapter on the Psychology of Religion. Here the reader will be very disappointed, for

this is by far the weakest part of the book. The author appears to be unaware of the extensive contributions to knowledge that have been made on this subject. After some neuro-physiological platitudes, he devotes a couple of pages to the Unconscious, making here a quite fictitious division between what he calls ' primary unconscious ' and ' Freudian unconscious '. His acquaintance with psycho-analysis appears to be derived from what he calls Dr. Northridge's ' well-balanced book ', the superficial quality of which was pointed out in a recent number of this JOURNAL (Vol. VI, p. 62). Nothing is said about the bearing of the theory of the unconscious on the problems of religion, nor is any indication given of what illumination it has already cast in this direction.

Perhaps the most valuable part of the book is the exceedingly clear and rich exposition of modern physics, presented by Professor Thomson's son in three appendices entitled: ' The Theory of Relativity ', ' Atomicity and the Quantum Theory ', and ' States of Matter '.

E. J.

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Life after Death in Oceania. By Rosalind Moss, B.Sc. (Oxford University Press, 1925. Pp. 247. Price 14*s*.)

This book represents an unusually excellent piece of work. The author has in a careful and discriminating way collected practically all that is known about the various beliefs and rituals touching on death and immortality in Melanesia, Micronesia and Polynesia. In addition to this she has grouped the extensive material in such an orderly way as to make it easy for the reader to consider it point by point. There is very little attempt at interpretation of the data. No reference is made to psycho-analysis, but the material abounds in interesting details that will doubtless have to be considered from a psycho-analytical point of view. The author has made an attempt to distinguish the chronology of the various beliefs by separating them into their original culture components. She has thus been able to point to the part played by physical environment in moulding the form assumed by a particular belief. Thus she connects the belief in an underworld with the existence of caverns and volcanoes in the neighbourhood, and she is able to show that in many cases the belief in the ' island of the dead ' is directly related to historical migration. She does not of course perceive the underlying identity of these various beliefs, for this becomes obvious only with knowledge of the unconscious symbolism at work. It is interesting that the ' island of the dead ' tends to be identified with a particular island from which the tribe in question had previously migrated, thus illustrating the unconscious conception of death as a return to the place of origin, i.e. the womb.

The book is well got up, and there are two useful maps accompanying the text.

E. J.

Great Logicians. By J. N. Ruffin, B.A. (Simpkin, Marshall, Hamilton, Kent & Co., London, 1925. Pp. 115. Price 5*s*.)

This book, which is part of the author's complete work, *The Rhetorlogue*, is devoted to logic and the lives and writings of eminent logicians. It seems to be a sort of scrap-book of more or less literal quotations, which must have entailed some labour to collect, but which are, unfortunately, unlikely to be very intelligible to those who are not already acquainted with the subject, or very useful to those who are.

Roger Money-Kyrle.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY THE
GENERAL SECRETARY, DR. M. EITINGON

The American Psycho-Analytical Association

The annual meeting of the American Psycho-Analytical Association was held at Richmond, Va., on May 12, 1925. It was well attended by guests and the following members: Drs. Burrow and Taneyhill, of Baltimore; Brill, Glueck, Oberndorf, Stern, of New York; Chapman and Sullivan, of Towson, Md.; Coriat, of Boston; Menniger, of Topeka, Kan.; White, of Washington; and Hutchings, of Utica, N.Y.

The following papers were read:

Psycho-analysis and literature: I. H. Coriat.

Psycho-analytic study of a case of organic epilepsy: K. A. Menninger.

Psycho-analytic improvisations and the personal equation: T. Burrow.

Regression: H. S. Sullivan.

The history of the psycho-analytic movement in America: C. P. Oberndorf.

What is a cure in psycho-analysis: Adolph Stern.

The following officers were elected for the ensuing year:

President: Dr. T. Burrow.
Secretary: Dr. A. Stern.
Members of the Council: Drs. Brill, Coriat and Taneyhill.

New Member elected: Dr. J. C. Thompson, of Baltimore.

It was voted that article 3 of the By-laws, relative to dues, be enforced for the coming year, so as to include subscription to the International Journal of Psycho-Analysis.

Adolph Stern,
Secretary.

The following abstracts have been made by the Secretary from the abstracts submitted by the authors themselves of their papers:

Abstract of Dr. Coriat's paper. Illustrations of the influence of psycho-analysis on modern literature. A brief review of the development of metapsychology and the reason for the opposition to psycho-analysis

being a blow to the narcissism of human beings, precedes these illustrations.

Abstract of Dr. Menninger's paper. A case of organic epilepsy, on the basis of definite structural cerebropathy, developing in an infantile individual at the time of her engagement, rendered worse at the time of her marriage, was relieved to some extent in the course of treatment by analysis, and improved still more after a divorce and return to maternal home.

Abstract of Dr. Burrow's paper. The author feels that, to use his own words in a summary, ' In the absence of a social consensus of laboratory technique based upon a consensual agreement in terms, I am convinced that psycho-analysis and psychiatry can only be a purely arbitrary improvization based upon the private prejudices of the particular observer and not a truly scientific observation based upon the accepted symbols of a stabilized recognition.'

Abstract of Dr. Sullivan's paper. The author illustrates his presentation by material from schizophrenic dissociation, and on the basis of that material defines regression as follows : Regression ' represents a dynamic situation in which the organism makes a faulty adaptation to a situation, . . . by an inadequate reference to the present and the future ; that this situation is non-existent so far as any evidence in thinking and behaviour can be discovered. Regression retraces the ontogenetic pathways of development.'

Abstract of Dr. Oberndorf's paper. The author gives a brief outline of the progress of psycho-analysis in America, beginning with its introduction into America through the association-tests of Jung ; Jones and Brill then presented Freud's views to the medical profession. Freud's visit to this country in 1909, enlisting the support of the late Professor J. J. Putnam ; Dr. Adolf Meyer's advocacy in the field of psychiatry ; White and Jelliffe, through their publications ; these all gave great impetus to psycho-analysis. Much propaganda must still be done in America to gain scientific recognition, and to counteract undue, harmful popularity.

Abstract of Dr. Stern's paper. The generally accepted theory and practice of psycho-analysis are outlined, with emphasis of the rôle played by the ego impulses, especially the creation of a new ego-ideal, as a factor in bringing about a cure. Emphasis is also laid upon Rank's contribution relating to the existence of the mother-libido, of the pre-Œdipus situation. The significance of the weaning phenomena (separation from analyst) in relation to the Œdipus and pre-Œdipus situations is pointed out.

Adolph Stern,
Secretary.

BERLIN PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1925

April 7, 1925. Dr. Sachs: Repression from a structural point of view.

At the business meeting Herr Dr. med. Heinrich Meng, of Stuttgart, was elected associate member.

April 28, 1925. Dr. Löwenstein: The part played in the structure of the neuroses by the pleasure of motion.

At the business meeting Herr Dr. med. Hans Lampl was elected associate member.

May 9, 1925. Short communications:

a. Dr. Abraham: Neurotic fever.

b. Dr. Sachs: A slip of the tongue.

c. Dr. Boehm: The rôle of the female castration-complex in a case of morphinism.

d. Dr. Müller: Transformation of auto-erotic into narcissistic libido by a process of desexualizing identification.

e. Dr. Koerber: The recent attacks in the Berlin Press on the subject of psycho-analysis.

May 26, 1925. Frau Dr. Josine Müller: The influence of the religious phase on the character-development of a girl.

June 8, 1925. Short communications:

a. Dr. Radó: The minute and the comprehensive perception of time. (A technical confirmation of Freud's theory of the perception of time.)

b. Frau Dr. Josine Müller: A psychotic condition of ten days' duration.

c. Dr. Fenichel: (1) The phantasy of seduction in children; (2) Object-relation in a manic-depressive patient.

d. Dr. Boehm: A case of neurosis with multiple perversion.

June 20, 1925. Frl. Schott: A psycho-analytical contribution to the Montessori method.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1925

April 1, 1925. Miss E. Sharpe: A case of a fixed delusion. The paper dealt with the technique in handling difficult resistances. The lessening of the severe pressure of the ego-ideal was shown as the accompaniment of the possibility of the communication of the conscious material. This was followed by partial co-operation of the patient in giving free associations. The content of the interpretative work accomplished from this stage of the analysis was then summarized, with the conclusion that the infantile experience or phantasy underlying the fixed delusion may eventually be recovered.

Dr. Sylvia Payne: Physical symptoms arising during the course of a character-analysis. The paper dealt with pregnancy phantasies arising in the course of the analysis of an unmarried middle-aged woman. Their relation to the contemporaneous pregnancy of a sister-in-law. The patient's perception of the enlargement of her own abdomen. Diagnosis between phantom or organic tumour before physical examination. Operation for fibroid uterus identified with child-birth and castration. Recent work on the hysterical conditions of the uterus and their relation to physical changes.

May 6, 1925. Dr. M. D. Eder: Homosexuality in a male; a clinical communication. The paper dealt with some questions of manifest homosexuality which may be considered in the light of clinical experience. (1) Physique—often not markedly differentiated from heterosexuals. (2) Relations to women—often pleasant, at any rate no marked aversion. (3) Relations to family—father or mother may be the object of hate or love. (4) Relations to own sex—sometimes a fission between 'romantic' and phallic love (cf. ideal woman and sexual object in heterosexuals). (5) Social activities—not different from heterosexuals. (6) Relation to alcohol. (7) Ferenczi's two varieties: (*a*) active: and symptom of obsessional neurosis; (*b*) passive (true inversion). (8) The genetic factors—flight from incest, identification with mother, narcissism, castration-fear and anal erotism strongly marked in active variety. Passive variety, Griselda character, often with marked urethral erotism. Relations to sadism and masochism.

May 20, 1925. (*a*) Miss Barbara Low: A case presenting certain marked and interesting features linked up with the patient's castration fears. (1) These fears were expressed through a castration experience in 1918, a bomb explosion through which he lost his eyesight and had his right hand shattered. His disabilities were greatly repressed; he declined to behave as though blind and partly helpless. Throughout the first year of analysis a most close identification existed between the mutilated arm and the threatened penis. (2) The part played respectively by repetition and recollecting in the analytic procedure. Two very significant situations in which the patient succeeded in re-enacting rather than in recollecting. In the first situation (a series of political activities) the re-enacting had just the effect described by Freud, namely, it very greatly strengthened the resistance and repressed all early memories for a period of several weeks. In the second situation, which arose in the analytic hour, re-enacting an anal experience released a large number of quite early memories and emotions. Some considerations drawn from the foregoing. (3) Predominance throughout analysis of certain fixed imagery; namely, the fox, standing for himself and a father-figure, was the always recurring image in dreams and phantasy.

(*b*) Miss N. Searl: A case of stammering in a child. An account of the disappearance of a stammer in a boy four years old after three treatments of

one and a half hours, and of the factors concerned. The stammer represented a combined and displaced anal obedience and defiance (trying hard and holding back) by means of an identification with the father in the act of coitus (grunts—further anal displacement).

June 3, 1925. Miss M. G. Lewis. Notes on the life of a boy from birth to three years. An account of the boy's development relating to (*a*) nutrition; (*b*) excretory functions; (*c*) sleep; (*d*) bathing; (*e*) clothing; (*f*) relation to people; (*g*) interest in self-activities, language, etc.; (*h*) health. Psychological considerations.

June 17, 1925. Mr. R. O. Kapp: Sensation and narcissism. In this paper a distinction was drawn between sensation or auto-erotism and narcissism. The former reaches a minimum and the latter a maximum at the phallic stage. It was suggested that the narcissistic cathexis may be necessary for ego-development and, by absorbing libido, keep the individual free from neuroses. At the genital stage narcissistically employed libido must be displaced, not only to object-cathexis but also to sensation; the resemblance of the latter cathexis to auto-erotism may be one of the difficulties in the way of achieving the genital stage.

Third Quarter, 1925

There have been no meetings of the Society during this quarter.

Change of Address

Dr. Estelle Maude Cole, 30, New Cavendish Street, London, W. 1.

Dr. W. J. Jago, The Eastern Telegraph Co., Ltd., Cable Ship *Lady Denison-Pender*, Zanzibar, East Africa.

Douglas Bryan,
Hon. Secretary.

DUTCH PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1925

May 23, 1925. At Leyden. Although the members of the Leyden Psycho-Analytical and Psychopathological Society were invited, the number of those present was unfortunately very small. Herr Dr. F. P. Müller read a paper on ' The rôle of pain in sexuality '. He dissented from the view put forward at previous meetings by Dr. Van Ophuijsen, and is of the opinion that sadism is irreducible. His own view was based on observations of patients and on pornographic literature, from which he quoted various examples.

New Member.—Frau Dr. J. Lampl-de Groot, 4, Friedrich Wilhelmstrasse, Berlin, W. 10.

In May Dr. Karl Abraham gave three lectures at the invitation of the Society. An account of these will appear elsewhere.

A. Endtz,
Secretary.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1925

May 2, 1925. Frau V. Kovács: Clinical illustrations of (1) the experimental application of the theory of amphimixis to a case of *tic*; (2) exhibitionistic phantasies in an impotent patient; (3) the rôle of the scrotum in the female castration-complex; (4) infantile material from the analysis of an impotent patient.

June 13, 1925. Dr. S. Pfeifer: The erotic sense of omnipotence. Remarks based on cases observed.

During April and May the Society organized an introductory course of sixteen lectures for physicians and medical students.

Dr. I. Hermann,
Secretary.

INDIAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1925

January 25, 1925. Annual meeting. The annual report for 1924 was adopted and the Society's officers and committee for 1925 were elected as follows: *President:* Dr. G. Bose, D.Sc., M.B.; *Secretary:* Dr. M. N. Banerji, M.Sc.; *Committee Members:* Dr. N. N. Sen Gupta, M.A., Ph.D., and Mr. G. Bora, B.A.

March 29, 1925. The President read the first part of his essay on 'The nature of the wish'. A communication on hysterical conversion, written in Bengali and sent by Dr. Sarasilal Sarkar, was read and discussed. Informal meetings, to which guests were invited, to consider various subjects relating to psycho-analysis, were held on most Saturday evenings at the President's house.

M. N. Banerji, M.Sc.,
Secretary.

NEW YORK PSYCHO-ANALYTICAL SOCIETY.

First Quarter, 1925

January, 1925. Business meeting.

The following members were appointed to serve on the Committee for 1925: *President:* Dr. A. A. Brill; *Vice-President:* Dr. Leonard Blumgart; *Secretary and Treasurer:* Dr. Albert Polon; *Committee Members:* Dr. Bernard Glueck, Dr. C. P. Oberndorf and Dr. Adolph Stern.

Scientific Meeting: Clinical communications.

a. Dr. Polon: Female homosexuality in relation to the castration-complex.

b. Dr. Lehrman: Analysis of a dream.

February, 1925. Business meeting.

The following new members were elected: Dr. Thaddeus H. Ames, Dr. Isador H. Coriat (Boston), Dr. Dorian Feigenbaum, Dr. Smith Ely Jelliffe, Dr. Leonard Rothchild, Dr. William V. Silverberg, Dr. Arthur G. Laine (Morris Plains, N.J.).

Scientific meeting. Dr. A. Kardiner: Traumatic neurosis.

March, 1925. Business meeting.

Addresses by the out-going President, Dr. Stern, and the new President, Dr. Brill.

New Member.—Dr. L. P. Clark was elected to membership.

Scientific meeting. Clinical communications:

a. Dr. Stern: Mother-libido in the analysis of a patient.

b. Dr. Oberndorf: A little girl's penis-phantasy.

M. A. Meyer,
Secretary.

SWISS PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1925

June 6, 1925. The spring meeting was held in the Cantonal Asylum at Königsfeld.

Dr. med. F. Blattner: Psychology of a case of failure to recognize pregnancy.

July 4, 1925. Dr. med. E. Blum: Clinical communications on symbolism and symptom-formation.

VIENNA PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1924

October 15, 1924. Dr. Robert Wälder: Creative thought and schizophrenic thinking.

October 28, 1924. General meeting.

Election of Officers:—

President: Professor Freud.

Vice-President: Dr. Federn.

Secretaries: Drs. Rank, Bernfeld.

Treasurer: Dr. Nepallek.

Librarian: Dr. Reik.

November 12, 1924. Aurel Kolnai: Max Scheler's criticism of psychoanalysis.

November 26, 1924. Dr. Helene Deutsch: The psychology of the climacteric in women.

December 10, 1924. Dr. Anny Angel (guest of the Society): Psychoanalysis of puberty in women.

December 17, 1924. Frau Melanie Klein (Berlin) : Psycho-logical basis of psycho-analysis of young children.

First Quarter, 1925

January 21, 1925. Dr. Wilhelm Reich : The instinctual character.

February 4, 1925. Discussion. Dr. Robert Jokl introduced the question : Is there a special technique for medical psycho-analysis ?

February 18, 1925. Business meeting.

It was proposed to alter the constitution of the Society so as to admit of the election of a new category of members, viz., Associate Members.

March 4, 1925. Dr. Alfred Winterstein : Puberty-rites in girls.

March 18, 1925. Extraordinary General Meeting : The constitution was altered in accordance with the proposals of February 18.

Short communications :

a. Dr. Helene Deutsch : Psychogenesis of a case of *tic*.

b. Dr. Wilhelm Reich : Clinical considerations with reference to disturbances in menstruation.

c. Dr. Wilhelm Reich : The analytic situation and phantasies of birth.

We have to add to the last report that at the General Meeting on October 28, 1924, Dr. Hitschmann was re-elected as Director of the Clinic of the Vienna Psycho-Analytical Society and member of the Committee.

Training Institute of the Vienna Psycho-Analytical Society

In January, 1925, the Training Institute of the Vienna Psycho-Analytical Society was inaugurated with fifteen students. The purpose of the Institute is in the first instance to train future psycho-analysts and, further, to extend the knowledge of psycho-analytical theory, especially in its bearing on questions of education. The training of psycho-analysts includes (1) their own analysis for purposes of instruction ; (2) theoretical training by means of lectures, seminars, demonstrations and the use of the Institute's library ; (3) practical training by conducting analyses under the supervision of the Institute. The patients so analysed are mainly drawn from the clinic of the Vienna Psycho-Analytical Society. The course covers two years. The direction of the Institute was entrusted to the following members :

President : Dr. Helene Deutsch.

Vice-President : Dr. Siegfried Bernfeld.

Secretary : Anna Freud.

The teaching staff is as follows : Dr. Federn, Dr. Hitschmann, Dr. Nunberg, Dr. Reich.

Communications should be addressed to Dr. Helene Deutsch, Vienna I, Wollzeile 33.

Second Quarter, 1925

April 1, 1925. Short communications:

a. Dr. Hitschmann: Some remarks on phimoses.

b. Dozent Dr. Schilder and Dr. Sugar: Anal complexes in schizophrenia.

April 22, 1925. Short communications:

a. Dr. Nunberg: Abraham's method of sub-division of the pregenital phases.

b. Dr. Reich: A further contribution to the problem of disturbances of menstruation.

c. Dr. Nunberg: The connection between the fear of death, the castration-complex and anal erotism.

May 6, 1925. Short communications:

a. Dr. Nunberg: Thoughts of death in dreams.

b. Dr. Reich: Character-types of those wrecked by success.

May 20, 1925. Dr. Reich: Review of Reik's pamphlet: *Geständniszwang und Strafbedürfnis*.

June 3, 1925. Discussion on Psycho-Analysis and Education. The discussion was opened by Dr. Federn. The following members spoke: Anna Freud, Dr. Reich, Dr. Meng (guest of the Society), Dr. Bernfeld, Dr. Wälder, Dr. Friedjung, Dr. E. Bibring, Dr. Helene Deutsch.

June 10, 1925. Continuation of the discussion of June 3.

June 24, 1925. Dr. Reich: The process of cure in an early case of schizophrenia.

New Associate Members

Frau Dr. Anny Angel, Vienna VII, Döblergasse 2. Herr Dr. Eduard Bibring, Vienna VI, Esterhazygasse 25. Frau Dr. Grete Bibring, Vienna VI, Esterhazygasse 25. Herr Dr. Otto Isakower, Vienna IX, Van Swietengasse 1. Herr Dr. Richard Sterba, Vienna VI, Esterhazygasse 15. Herr Dr. Nikolaus Sugar, Subotica, Jugoslavia (temporary address).

Dr. Siegfried Bernfeld,

Secretary.

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CONTENTS

ORIGINAL PAPERS

CONGRESS SYMPOSIUM:— PAGE

ERNEST JONES. Introduction 1

HANNS SACHS. Metapsychological Points of View in Technique and Theory 5

FRANZ ALEXANDER. A Metapsychological Description of the Process of Cure 13

SÁNDOR RADÓ. The Economic Principle in Psychoanalytic Technique 35

SHORTER COMMUNICATIONS

A CASTRATION COMPLEX. By E. Pickworth Farrow. NOTE ON FREUD AND BLAKE. By Honor M. Pulley. THE PEARL AND CASTRATION SYMBOLISM. By Douglas Bryan 45

ABSTRACTS

CLINICAL 54

DREAMS 56

SEXUALITY 57

CHILDHOOD 59

GENERAL 59

BOOK REVIEWS

MODERN THEORIES OF THE UNCONSCIOUS. By W. L. Northridge 62

LOVE IN CHILDREN AND ITS ABERRATIONS. By Oskar Pfister 68

PSYCHO-ANALYSTS ANALYSED. By P. McBride 71

THE ARTIST AND PSYCHO-ANALYSIS. By Roger Fry 75

THE RE-CREATING OF THE INDIVIDUAL. By Beatrice M. Hinkle 75

THE PSYCHOLOGY OF SELF-CONSCIOUSNESS. By Julia Turner 78

PSYCHO-ANALYSIS AND THE DRAMA. By Smith Ely Jelliffe 79

PSYCHO-ANALYSIS AND ÆSTHETICS. By Charles Baudouin 79

THE PSYCHOLOGY OF LAUGHTER AND COMEDY. By J. Y. T. Greig 81

TEXT-BOOK OF PSYCHIATRY. By Eugen Bleuler 82

THE PRIMITIVE ARCHAIC FORMS OF INNER EXPERIENCES AND THOUGHT IN SCHIZOPHRENIA. By Alfred Storch .. 83

A STUDY OF MASTURBATION AND ITS REPUTED SEQUELÆ. By J. F. W. MEAGHER 84

THE INTERNAL SECRETIONS OF THE SEX GLANDS. By Alexander Lipschütz 85

WALT WHITMAN'S ANOMALY. By W. C. Rivers 85

AN INTRODUCTION TO THE STUDY OF MIND. By William A. White 85

THE MEANING OF DREAMS. By Robert Graves 86

PSYCHOLOGY AND THE SCIENCES. Edited by William Brown 86

PRIMITIVE ORDEAL AND MODERN LAW. By H. Goitein.. 92

THE ORIGIN OF MAGIC AND RELIGION. By W. J. Perry.. 94

THE GROWTH OF CIVILIZATION. By W. J. Perry 94

SOME ASPECTS OF THE LIFE OF JESUS. By Georges Berguer 98

SIGNS OF SANITY AND THE PRINCIPLES OF MENTAL HYGIENE. By Stewart Paton 99

* * *

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

ANNOUNCEMENT BY THE GENERAL EXECUTIVE 100

REPORTS OF THE BRANCH SOCIETIES 100

FIRST PSYCHO-ANALYTICAL ASSEMBLY HELD IN GERMANY 100

BERLIN PSYCHO-ANALYTICAL SOCIETY 101

BRITISH PSYCHO-ANALYTICAL SOCIETY 103

DUTCH PSYCHO-ANALYTICAL SOCIETY 104

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY 105

VIENNA PSYCHO-ANALYTICAL SOCIETY 106

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